Training Requirement: Completion of **150** hours of training within five years prior to application for certification, with competencies distributed across the following topics:

- Understanding Mental Health Conditions Treatment Knowledge = 80 hours, to include 6 hours on trauma informed care; 6 hours on Suicide Prevention; and 6 hours on Crisis Intervention
- Application to Practice Professional Readiness = 25 hours, to include 8 hours on psychopharmacology
- Documentation = 15 hours
- Recovery Oriented Systems of Care/Person Centered Counseling = 15 hours
- Case Management/Care Coordination = 15 hours

The training requirement may be met through either: (1) multiple classes amounting to at least 150 hours and covering all required content or (2) a single class awarded FCB sole-source provider status covering all required content. An FCB sole-source provider delivers training that meets or exceeds 150 hours and issues a single training certificate to successful trainees.

Eligible training providers include: (1) an accredited college or university, (2), a training provider approved by a state or national certification/licensure organization other than the FCB, or (3) an FCB-approved training provider. The names of FCB-approved training providers can be found in a searchable database on the FCB website.

Documentation of Training: Applicants must submit **both** this form (complete Option 2) and a copy of the training certificate issued by the provider for each training event. Supporting documentation must include the name of the applicant, title of the training, delivery dates, number of hours of training, and name and qualifications of the training provider. Examples of documentation include certificates of completion, transcripts, and course outlines, learning management system reports, and other evidence of having participated in relevant training.

Applicant Information					
Applicant Name*	Applicant Email Address				
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.					
Training and Attestation					
addiction training completed within 5 years prior to following topics: Understanding Mental Health Cor	lealth Professional Tier I Training Requirement, defined as 150 hours of competition for certification, with competencies distributed across the inditions/Treatment Knowledge (80 hours), Application to mentation (15 hours), Recovery Oriented Systems of Care/Person Centered re Coordination (15 hours)				
·	and uploading this form and the supporting documentation to my FCB ng documentation in the same order as listed on this form.				
I have met or exceeded the 150-hour training requirement, including the required number of hours per topic. My training was delivered by an eligible training provider within 5 years prior to my application for certification. I have provided information about my training on this form and will provide supporting documentation for any course I have taken.					
By my signature, I attest that the information provided on this form and the supporting documentation are true, and I consent to an interview to discuss the documentation if requested by FCB staff.					
Signature (The FCB accepts both manual and electronic signature	res) Date				

Provide the requested information for each training related to <u>Understanding Mental Health Conditions/Treatment Knowledge</u>.

Training must meet or exceed 80 hours; 24 of which must be specific to trauma informed care (6 hours), suicide prevention (6 hours) and crisis intervention (6 hours).

Applicant Information				
Applicant Name* *Fater your name and email exactly as it is associated with your FCR account				
*Enter your name and email exactly as it is associated with your FCB account. Training Hours and Topic: 80 hours of training topics on Understanding Mental Health Conditions/Treatment Knowledge, to include: 6 hours on trauma informed care; 6 hours on suicide prevention; and 6 hours on crisis intervention.				
See example of how to report training (in italics below).				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
Signs and Symptoms of Social Anxiety Disorder	02/12/2022	02/12/2022	2	Training Certificate



Provide the requested information for each training related to **Application to Practice/Professional Readiness**.

Training must meet or exceed 25 hours; 8 of which must be specific to psychopharmacology.

Applicant Information						
Applicant Name* *Enter your name and email exactly as it is associated with your FCB account.	Applicant Email Address					
enter your name and email <u>exactify</u> as it is associated with your FCB account.						
Training Hours and Topic: 25 hours of training topics on Applica ethics.	Training Hours and Topic: 25 hours of training topics on Application to Practice/Professional Readiness; 6 hours must be specific to professional ethics.					
See example of how to report training (in italics below).						
Training Title	Start Date	End Date	Credit Hours	Documentation Type		
Ethics for Healing Professionals	11-13-20	11-14-20	12	Training Certificate		



Provide the requested information for each training related to **Documentation**.

Training must meet or exceed 15 hours.

Applicant Information					
Applicant Name* *Enter your name and email exactly as it is associated with your FCB account.	Applicant Email Address				
Training Hours and Topic: 15 hours of training topics on Documentation					
See example of how to report training (in italics below).					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
What Happened? Writing Effective Progress Notes	04-15-21	04-15-21	5	Training Certificate	



Provide the requested information for each training related to **Recovery Oriented Systems of Care/Person Centered Counseling**.

Training must meet or exceed 15 hours.

Applicant Information					
Applicant Name* Applicant Email Address					
Applicant Name*	Applicant	Email Address			
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.					
Training Hours and Topic: 15 hours of training topics on Recovery Oriented Systems of Care/Person Centered Counseling					
See example of how to report training (in italics below).					
Training Title	Start Date	End Date	Credit Hours	Documentation Type	
I'm more than a client! Putting the Person First	09/12/20	09/12/20	1.5	Stamped Conference Agenda	



Provide the requested information for each training related to **Case Management/Care Coordination**.

Training must meet or exceed 15 hours.

Applicant Information				
Applicant Name*	Applicant Name* Applicant Email Address			
*Enter your name and email <u>exactly</u> as it is associated with your FCB account.				
Training Hours and Topic: 15 hours of training topics on Case M	anagement/Care (Coordination		
See example of how to report training (in italics below).				
Training Title	Start Date	End Date	Credit Hours	Documentation Type
Maintaining Confidentiality Across Providers	10-01-2019	10-01-2019	6	Participation Certificate