



Certified Mental Health Professional Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CMHP credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and copies of supporting documentation to their online application prior to submitting.

All information must be TYPED. Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or
admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Training Verification (applicant name)

REQUIREMENT

CMHP Content Specific Training Requirement	<p>350 hours of content specific training, allocated as follows:</p> <ol style="list-style-type: none"> 1. Assessment: 66 hours 2. Person Centered Service/Recovery Planning: 63 hours 3. Counseling: 93 hours 4. Service Coordination: 48 hours 5. Professional Responsibility and Ethics: 30 hours 6. Electives: 50 hours
Supporting Documentation	<p>Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours.</p> <p>If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description.</p> <p>Eligible training must be taken from an FCB Approved Education Provider within the last 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.</p>

TRAINING TOPICS BY DOMAIN

DOMAIN	TOPICS
Assessment (66 hours)	<ul style="list-style-type: none"> • Individual and/or Group Interviewing • Establishing Rapport • Screening • Service/Recovery Planning • Assessment Skills and Tools • Psychosocial Summaries
Person Centered Service/Recovery Planning (63 hours)	<ul style="list-style-type: none"> • Communication Skills • Service/Recovery Plan Writing Skills • Clinical Documentation • Progress Notes • Reports/Record Keeping/Records Management
Counseling (93 hours)	<ul style="list-style-type: none"> • Care Coordination • Documentation • Treatment Planning/Models of Treatment • Communication Skills • Client Self-Management • Relapse • Signs and Symptoms of Mental Illness/Emotional Disturbance • Therapeutic Skills • Crisis Management • Intervention Strategies • Prevention • Individual/Group Facilitation • Adult Education • Referral
Service Coordination (48 hours)	<ul style="list-style-type: none"> • Advocacy/Liaison Activities • Case Management • Communication Skills • Consultation • Orientation • Special Population Needs • Referral • Community Resources • Multidisciplinary Service/Recovery Team
Professional Responsibility and Ethics (30 hours)	<ul style="list-style-type: none"> • Cultural Competence/Diversity • Boundaries/Transference • Privacy/Confidentiality/HIPPA • Computer Ethics • Ethical Decision Making/Code of Ethics • Law/Rules and Regulation

DOMAIN	TOPICS
	<ul style="list-style-type: none">• Relationships/Dual Relationships• Organizational Ethics• Sexual Misconduct
Electives (50 hours)	<ul style="list-style-type: none">• Electives related to any of the above performance domains.



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: ASSESSMENT (1 OF 6)

Training Requirement: Minimum 66 hours of training in topics directly related to Assessment.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: PERSON CENTERED SERVICE/RECOVERY PLANNING (2 OF 6)

Training Requirement: Minimum 63 hours of training in topics directly related to Person Centered Service/Recovery Planning.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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TRAINING TOPIC: COUNSELING (3 OF 6)

Training Requirement: Minimum 93 hours of training in topics directly related to Counseling.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: SERVICE COORDINATION (4 OF 6)

Training Requirement: Minimum 48 hours of training in topics directly related to Service Coordination.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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TRAINING TOPIC: PROFESSIONAL RESPONSIBILITY & ETHICS (5 OF 6)

Training Requirement: Minimum 30 hours of training in topics directly related to Professional Responsibility and Ethics.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	



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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: ELECTIVES (6 OF 6)

Training Requirement: Minimum 50 hours of training in topics directly related to CMHP performance domains.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
<i>Example: Stages of Recovery</i>	<i>Florida Peer Network</i>	<i>7/19/2017</i>	<i>4</i>	<i>Certificate of Completion</i>	