



# Certified Prevention Professional On-the-Job Supervision Verification Form

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## Instructions

### CPP Supervision Requirement:

All Certified Prevention Professional candidates must complete at least 100 or 150 hours of on-the-job supervision, depending on their degree field.

Applicants holding a related degree: 100 hours

Applicants holding a non-related degree: 150 hours

### What This Is For:

Prevention Professionals provide prevention services for behavioral health and substance use concerns. To become certified, you must show that you've completed the minimum required hours of on-the job supervision of your work as a prevention professional. Here's what counts:

- Supervision is focused on improved client care and job performance. Administrative supervision, such as leave and attendance and general supervision is not eligible.
- The supervision must come from a qualified supervisor. Qualified supervisors are:
  - A physician or physician's assistant licensed under Chapters 458 or 459, F.S.
  - A professional licensed under Chapters 490 or 491, F.S.
  - An Advanced Registered Nurse Practitioner licensed under Part 1 of Chapter 464, F.S. and meeting the Board of Nursing requirements for an ARNP designation.
  - A CAP, MCAP or CPP
- Your required hours of supervision will depend on the degree you hold.
- The supervision must have happened within the last 10 years.
- A minimum of twenty (20) hours of supervision is required for each domain.
- At least 50% of the supervision hours must be one-on-one, individual supervision. No more than 50% of the supervision hours may be in a group setting.
- It must not exceed 3 hours per week or 156 hours per year.
- It must be confirmed by the supervisor who oversaw your work as a prevention professional.



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## For Applicants: What You Need to Do

1. Download the On-the-Job Supervision Verification Form.
2. Fill out Section 1.
3. Give a separate form to each supervisor who can confirm your on-the-job supervision experience.
4. Make sure each supervisor knows:
  - Your required hours of on-the-job supervision of your work as a prevention professional to qualify.
  - They must fill out Section 2 and ensure they have supporting documentation of the confirmed supervision if requested by FCB for audit.
  - They must send the form directly to FCB.  
You cannot send it in yourself — if you do, it won't be accepted.

## For Supervisors: What You Need to Do

1. Talk with the applicant to make sure you understand the certification requirements, including the maximum allowable supervision of 3 hours per week or 156 hours per year.
2. Complete Section 2 of the form.
3. Assure you have supporting documentation of the supervision you are confirming in case it is requested by FCB for audit. Documentation must contain the following minimum information:
  - Supervisee Name
  - Date of supervision, start and end times, and the number of supervision hours.
  - Supervisor name and title
  - Method of supervision (individual, group, observation, client documentation review, etc.)
  - Summary of supervision session
  - Supervisor and Supervisee signatures
4. Sample supervision logs are posted on the FCB website.
5. Send the completed form directly to FCB  
Forms must come from your – we will not accept them from the applicant.



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### CPP Supervision Requirement:

All CPP applicants must complete 100 or 150 hours of on-the-job supervision, depending on the degree field.

- Applicants holding a related degree: 100 hours
- Applicants holding a non-related degree: 150 hours

### How to Use This Form

- Part 1 should be filled out by the applicant before giving the form to their employer. If you have more than one supervisor who will confirm on-the-job supervision for certification purposes, **use a separate form for each.**
- Part 2 should be filled out by the supervisor.
- The supervisor must then submit the completed form by email to the applicant’s assigned certification specialist.

Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

**Part 1: Applicant Information.** Write the job title of the position you are using to meet the on-the-job supervision requirement. Enter the **start and end dates** of that job in this format: **MM/DD/YYYY to MM/DD/YYYY** (for example, 03/15/2021 to 08/30/2023). .

1. Applicant Name \_\_\_\_\_

2. Employer Name \_\_\_\_\_

3. Job Title \_\_\_\_\_

4. Immediate Supervisor \_\_\_\_\_

5. Position Type  Full Time  Part Time

6. Employment Start Date \_\_\_\_\_ End Date \_\_\_\_\_ OR  Still Employed

7. Your Certification Specialist’s Email Address \_\_\_\_\_

### 8. Applicant Attestation and Signature

By signing below, I confirm that the information I provided is true to the best of my knowledge.

I understand that (1) I am not allowed to receive and/or submit the completed form from my supervisor, and (2) my supervisor will submit the completed form directly to my Certification Specialist.

\_\_\_\_\_  
Signature (FCB accepts manual and electronic signatures)

\_\_\_\_\_  
Date



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Please type all information on the form. Handwritten forms may be returned and could delay the certification process.

<b>Part 2a: Provide the name and contact details of the person who is verifying the applicant's on-the-job supervision and filling out this form.</b>		
1. Name _____		
2. Employer Name _____		
3. Job Title _____		
4. Email Address _____		5. Work Phone Number _____
<b>Part 2b: Supervisee Information</b>		
6. Employee/Certification Applicant Name _____		
7. Job Title _____		
8. Supervision Time period      Start Date _____ End Date _____ <i>OR</i> <input type="checkbox"/> Still Employed		
9. Position Type <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Part 2c: On-the-Job Supervision Verification</b>		
<b>10. Domain Category</b>	<b>Individual Supervision Hours</b>	<b>Group Supervision Hours</b>
10a. Planning and Evaluation		
10b. Prevention Education and Service Planning		
10c. Communication		
10d. Community Organization		
10e. Public Policy and Environment Change		
10f. Professional Responsibilities		
<b>Total hours per category</b>		
<b>Total Hours of On-the Job Supervision Earned</b>		
11. As a qualified supervisor, do you have any concerns about the applicant's ability to competently provide prevention duties? <input type="checkbox"/> Yes* <input type="checkbox"/> No		
<i>*If yes, the FCB will contact you for additional information, which may result in denial of the documented supervision for certification purposes.</i>		
<b>12. Verifier Attestation and Signature</b>		
By signing below, I confirm that all the information I provided is true to the best of my knowledge and agree that the Board may review or audit the supporting documents if needed. Further, I will email the form to the applicant's Certification Specialist at the email address indicated in Part 1 of this form.		
_____ <b>Signature</b> (FCB accepts manual and electronic signatures)		_____ <b>Date</b>