



Child Protection Team Medical Provider (CPTMP) APPLICATION

Effective Date: February 26, 2021

Directions: This is a three-part form for individuals applying for the Certified Child Protection Team Medical Provider (CPTMP) credential. This credential meets the legislative requirements of Section 39.303(2)(b), Florida Statutes.

Eligible applicants have been identified by the Florida Department of Health’s Child Protection Team (CTP). Applicants must create an account in FCB’s online system. After creating the account, complete Sections 1 and 2 of this form and submit it to the CPT Bureau Chief (CPTSATPApproval@fhealth.gov) who will verify your eligibility to take the exam. Within no more than two business days of notification of eligibility from the CTP Bureau Chief, the FCB will contact you to schedule your exam and complete the credentialing process.

Section 1: APPLICATION (to be completed by the applicant)

Part 1: FCB Certification System Account. The FCB cannot process any certification application related documents until you establish an account in our online system. Please provide the following information EXACTLY as it is listed in your FCB account.

Full Name (as stated on your official, government issued identification)

Primary Non-Work Email Address

For FCB Use Only: Account Verified? Yes No

Part 2: Current Employment

I am currently employed with the Department of Health Child Protection Team and hold the following valid State of Florida credential(s):

- Board Certified Pediatrician
- Board Certified Advanced Registered Nurse Practitioner
- Other (Eligibility will be verified by CPT): _____

Part 3: Exam Confidentiality Agreement

It is critical that all certification candidates are aware of and follow the FCB’s Exam Confidentiality Policies. These policies are specifically designed to protect the integrity and confidentiality of FCB exam instruments before, during, and after the examination process. All candidates and certified professionals are bound by these policies. The FCB Exam Confidentiality Policy is maintained on our website at <https://flcertificationboard.org/policy-procedure/>. It is your responsibility to download, read, and follow this policy. Penalties for violating the policy can include nullification of all exam scores, nullification of all previously earned credentials, a lifetime ban on all future certification application and examination opportunities, and potential legal action. The FCB reserves the right to sanction offenders at its sole discretion based on the severity of the offense.

I acknowledge that I have read a copy of the FCB Exam Confidentiality Policy, which is posted at <https://flcertificationboard.org/policy-procedure/> and will be responsible to protect the confidentiality of FCB exam items and the integrity of FCB exam instruments by following the policies therein. Initial → _____

I acknowledge that I have read and understand all the obligations, duties, and responsibilities as described in the Candidate Conduct section of the FCB Exam Confidentiality Policy and will not participate in any conduct identified as cheating before, during, or after the exam administration. Initial → _____

I acknowledge my responsibility to report allegations of cheating or other misconduct to the FCB. Initial → _____

I acknowledge that penalties for violating this Exam Confidentiality Agreement by violating Candidate Conduct Rules or by failure to report alleged violations of Candidate Conduct Rules may result in disciplinary and/or legal action by the FCB. Initial → _____



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Part 4: Assurance and Release.

I give my permission to the Florida Certification Board (FCB) and its staff to investigate my background as it relates to statements contained in my online account and this application. I understand that intentionally false or misleading statements or intentional omission shall result in the denial or revocation of certification. I consent to the release of information contained in my application, certification record, or other pertinent data submitted to or collected by the FCB to officers, staff, and members of the Board of Directors and it's Advisory Boards, Councils and review committees.

I further agree to hold the FCB, its board members, employees and examiners free from any civil liability for damages for complaints by reason for any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification.

I understand that certification automatically puts me under the FCB Code of Ethical and Professional Conduct and it is my responsibility to uphold these standards in my professional practice. Further, I understand that I must maintain my competency by completing a minimum of 8 continuing education credits between the date of credential award and expiration, as a requirement of renewal. The CEs certified professionals complete for annual Department of Health Child Protection Team purposes will meet the FCB's CE requirement.

I hereby affirm that the information provided for this application is correct and that I believe that I am qualified for the level of certification for which I am applying.

Applicant Signature (FCB accepts both manual and electronic signatures)

Date

Section 2: To be completed by CPT Bureau Chief or Designee

Part 2: Applicant Eligibility Attestations. To streamline the certification application eligibility verification process, the FCB accepts attestations that specified requirements were verified by CPT as part of the hiring process and records are available in case of audit.

The applicant is currently employed in an eligible Department of Health Child Protection Team position Yes No

The applicant has been serving in an eligible position for a minimum of six months (equivalent to 1040 hours) prior to application for certification. Yes No

The applicant passed a Level 2 Background screening and is eligible to work with the target population. Yes No

The applicant holds one of the following credentials:

Board Certified Pediatrician

Board Certified Advanced Registered Nurse Practitioner

Other (approved by CPT): _____

The applicant has met all CPTMP application requirements and is eligible to sit for the CPTMP exam. Yes No

Records to support my attestations are maintained in the CPT office and can be made available to the FCB in case of audit. Yes No

By my signature, I attest that the above material is true to the best of my knowledge.

Signature (FCB accepts both manual and electronic signatures)

Date