



Certified Telehealth Practitioner On-the-Job Supervision and Competency Verification Form

Effective Date: 3-1-2021

Directions

1. This form is for all individuals seeking Certified Telehealth Practitioner (CTP) status during the grandparenting period which closes March 31, 2022.
2. Forms MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. Applicants must complete a total of 5 supervised telehealth sessions with follow-up case consultation.
4. A separate form must be completed and submitted for each supervisory session claimed for certification purposes.
5. Multiple individuals may serve as a qualified supervisor for certification purposes.
6. The applicant completes Part 1 of this form. The individual providing supervision for certification purposes completes Parts 2 – 5 of this form.
7. Completed forms are to be provided directly to the FCB. Please contact the FCB if you need the name and email address of the applicant’s assigned Certification Specialist.

Part 1: Applicant Information. Enter requested information exactly as it is associated with your FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Master Credential Name & Number _____	Expiration Date _____
Part 2: Supervisor Information. Enter information for the individual who provided supervision for certification purposes.	
Supervisor Name _____	License or Credential _____
Email Address _____	Phone Number _____
Position Title _____	Employer _____
Part 3: Attestation of Eligibility to Provide Supervision for Certification Purposes	
I have read and understand the on-the-job supervision and competency demonstration experience requirement for the Certified Telehealth Practitioner credential.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have completed training related to the delivery of services using telehealth methodologies that meets or exceeds the training requirement for Certified Telehealth Practitioner (CTP) applicants.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I have provided a minimum of one year of full-time telehealth services in a professional capacity.	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to an audit of agency records to verify my attestations, if requested by FCB.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part 4: Attestation of Competency Demonstration	
How many telehealth observation and follow-up case consultations did you provide for certification purposes?	_____
How many hours of supervision did you provide and document (minimum of 15 minute increments)?	_____
Based on your direct observations and interactions with the applicant during the supervision claimed in Part 6, do you have any concerns about their ability to competently provide virtual behavioral health services using approved telehealth technologies under standard supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
I consent to an audit of related agency records to verify my attestation, if requested by FCB.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>By my signature, I attest that the above material is true to the best of my knowledge.</i>	
_____ Signature (FCB accepts both manual and electronic signatures)	_____ Date



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Part 5: CTP Competency Demonstration Checklist		
<p>Complete Part 5 for EACH supervisory session provided for certification purposes. Supervision must be reported in increments of <u>15 minutes or more</u>. Check off each competency that was observed and discussed during the supervisory session.</p>		
Name/Supervisee: _____	Total Supervision Time: _____	
Date of Supervision: _____	Start Time: _____	End Time: _____
<input type="checkbox"/> Assess the client to determine if he or she meets established criteria for service eligibility.		
<input type="checkbox"/> Evaluate the client's technological, cognitive, and communication capacities to participate in behavioral telehealth services, particularly in regard to the client's access to equipment, connectivity, secure location for treatment sessions, and reading level.		
<input type="checkbox"/> Verify the client's identity, location, and privacy at the beginning of each telebehavioral health session.		
<input type="checkbox"/> Adapt to the virtual setting in-person techniques for creating a welcoming and distraction-free environment, for example, by approximating an in-person relationship, fostering spontaneity, minimizing distraction and interruption, and maintaining a focus on the delivery of services.		
<input type="checkbox"/> Develop a personal workflow plan for service delivery that lays out the sequential tasks that should be conducted before, during, and after a telebehavioral health encounter.		
<input type="checkbox"/> Engage clients in identifying dangerous situations, developing safety plans, creating advanced directives, and managing crisis or emergency situations.		
<input type="checkbox"/> Adapt communication skills to the virtual environment by setting an effective pace of verbal information exchange, using descriptive words, paying attention to voice projection, facial expression, and body language, and implementing other operational practices as needed to enhance communication and build rapport.		
<input type="checkbox"/> Establish and model appropriate behavior for telebehavioral health sessions through professional demeanor and dress, punctuality, audio and visual awareness, interpersonal courtesy, and attention to privacy concerns.		
<input type="checkbox"/> Follow evidence-based and best practice guidelines developed for in-person services while at the same time making the modifications needed to reliably implement services in a telebehavioral health session.		
<input type="checkbox"/> Collaborate or consult with the client's primary or specialty care providers, clinicians, case managers, and other healthcare professionals.		
<input type="checkbox"/> Seek out service providers, including crisis and emergency services local to the client, and exercise judgment in making referrals, with special consideration to the management of urgent or emergent issues.		
<input type="checkbox"/> Select and adapt to the virtual setting counseling methods, skills, and techniques for telebehavioral health that are attuned to special populations (children, racial/ethnic, older adults, etc.), cultural factors, and the unique local and regional elements that impact rural populations.		
<input type="checkbox"/> Prepare/orient the client to the technology needed for telebehavioral services to ensure the client's functional hardware and software are working; provide ongoing technical assistance as needed to troubleshoot/respond to the client's technology-related issues.		
<input type="checkbox"/> Use appropriate strategies for digital recording and storage of files, and use compliant technologies for the sharing and storing of files in accord with HIPAA regulations.		
<input type="checkbox"/> Establish a backup plan in the case of a system failure or other technology issue and communicate backup protocols with the client in advance.		
<input type="checkbox"/> Be familiar and comply with all relevant laws and regulations for the jurisdiction in which the telebehavioral health services are provided and, as applicable, for the jurisdiction in which the client is located, to include mandatory reporting requirements and involuntary commitment protocols.		
<input type="checkbox"/> Educate the client about issues related to the security/confidentiality of their data, as well as privacy and other security issues inherent in technology based services.		
<input type="checkbox"/> Document all services provided to demonstrate compliance with laws, best practices, and client safeguards, including confirmation of the client's identity, location, safety, and privacy/confidentiality.		



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