



Certified Telehealth Practitioner Training Verification Form

Effective Date: 3-1-2021

A statement on the FCB content specific training requirement.

Certification is a mark of professional competency. Competency is developed through a combination of formal education, on-the-job experience, supervision and coaching, and lived experience. When an individual earns an FCB credential, they are telling the public they have demonstrated the knowledge and skills necessary to provide competent and ethical professional services to vulnerable populations. This is a tremendous honor and a responsibility, on the side of the FCB and the individual seeking certification.

Content specific training requirements were established by a panel of subject matter experts who have the knowledge and experience to identify the minimum training that everyone holding the credential should have completed in order to assure certified professionals have the necessary knowledge base to serve as a CTP. The FCB recognizes that applicants receive training from a multitude of sources. The FCB has grouped similar providers in three categories under the heading of FCB Approved Education Providers. Please refer to the appropriate candidate guides and the FCB webpage for detailed information. In short, the three categories of eligible training providers are:

1. accredited colleges and university coursework or sponsored educational events
2. education providers who have received CE or CEU approval from recognized state or national licensing or certification boards
3. education providers who have applied for and hold *FCB Approved Provider Status*

Training provided by sources identified in categories 1 and 2 do not need additional approval from FCB. FCB Approved Providers are listed in a searchable database at <https://flcertificationboard.org/education-training/providers/>

It is the applicant's responsibility to gather, document and explain how they have met the training requirement. The FCB will not review your training documentation and assign it to categories for you. You should know the training you completed well enough to align it with specified training requirements, explain your reasoning and provide supporting documentation. By completing the *CTP Training Verification Forms* as directed, you will demonstrate compliance with the standard and speed up your application processing timeframes.

Directions

1. This form is required for all individuals seeking Certified Telehealth Practitioner (CTP) status.
2. Forms MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
3. Applicants must complete a total of 18 hours of content specific training allocated as follows:
 - a. 10 hours of training related to Client Care in a Virtual Environment,
 - b. 4 hours of training related to Technology and Telepresence, and
 - c. 4 hours of training related to Special Legal, Regulatory, and Ethical Responsibilities in a Virtual Environment
4. Eligible training is provided by an **FCB Approved Education Provider** (<https://flcertificationboard.org/education-training/fcb-online-trainings/>) and was completed within the last five years from date of application. See the CTP Standards and Requirements tables for sample training topics.
5. The applicant completes all pages of this form, gathers supporting documentation for all identified training events, scans/combines documents into a single document or a maximum of two documents: *CTP Training Verification Form* and *CTP Training Documentation*, and uploads it to the online application. If the application was locked before uploading the document(s), the assigned Certification Specialist will receive and attach them to the application.



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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: Explanation of Supporting Documentation

Applicants must submit this Training Verification form and supporting documentation for each training event identified for certification purposes. Please indicate the total number of individual training events you are submitting for approval as requested below.

How many training events with supporting documents are provided for 10 hours of training related to Client Care in a Virtual Environment?

How many training events with supporting documents are provided for 4 hours of training related to Technology and Telepresence?

How many training events with supporting documents are provided for 4 hours of training related to Special Legal, Regulatory, and Ethical Responsibilities in a Virtual Environment?

Part 3: Attestation of Compliance with Training Requirement

I have read and understand the CTP training requirement for the Certified Telehealth Practitioner credential. Yes 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. Yes No

I have clearly identified each training event I am claiming for certification credit on the CTP Training Verification Form. Yes No

I have provided supporting documentation for each training event claimed for certification credit on the CTP Training Verification Form. Yes No

By my signature, I attest that the above material is true.

Signature (FCB accepts both manual and electronic signatures)

Date



CTP Training Requirement 10 hours related to *Client Care in a Virtual Environment*

Effective Date: 3-1-2021

Provide the requested information for each training event you submitting. Ensure supporting documentation is provided for each claimed training event. Only site as many trainings as you need in order to meet the requirement. If you completed more than three (3) separate training events, attach additional pages with the requested information.

Training Event 1:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Client Care in a Virtual Environment.

Training Event 2:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Client Care in a Virtual Environment.

Training Event 3:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Client Care in a Virtual Environment.



CTP Training Requirement 4 hours related to *Technology and Telepresence*

Effective Date: 3-1-2021

Provide the requested information for each training event you submitting. Ensure supporting documentation is provided for each claimed training event. Only site as many trainings as you need in order to meet the requirement. If you completed more than three (3) separate training events, attach additional pages with the requested information.

Training Event 1:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Technology and Telepresence.

Training Event 2:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Technology and Telepresence.

Training Event 3:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate College/University Transcript (include course description) Employer LMS/Training Report
 Other (describe)

Provide a brief explanation of the relationship between this event and Technology and Telepresence.



CTP Training Requirement

4 hours related to *Special Legal, Regulatory, and Ethical Issues in a Virtual Environment*

Effective Date: 3-1-2021

Provide the requested information for each training event you submitting. Ensure supporting documentation is provided for each claimed training event. Only site as many trainings as you need in order to meet the requirement. If you completed more than three (3) separate training events, attach additional pages with the requested information.

Training Event 1:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate
- College/University Transcript (include course description)
- Employer LMS/Training Report
- Other (describe)

Provide a brief explanation of the relationship between this event and Special Legal, Regulatory, and Ethical Issues in a Virtual Environment.

Training Event 2:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate
- College/University Transcript (include course description)
- Employer LMS/Training Report
- Other (describe)

Provide a brief explanation of the relationship between this event and Special Legal, Regulatory, and Ethical Issues in a Virtual Environment.

Training Event 3:

What is the **name** of the training event? _____

Who **provided** the training event? _____

What **date(s)** was the training event held? _____

How many **hours of training** are you claiming from this event toward the 10 hour requirement? _____

What type of supporting documentation are you providing?

- Training Certificate
- College/University Transcript (include course description)
- Employer LMS/Training Report
- Other (describe)

Provide a brief explanation of the relationship between this event and Special Legal, Regulatory, and Ethical Issues in a Virtual Environment.