



# Certified Telehealth Practitioner Independent Practitioner Form

Effective Date: 5-1-2021

## Directions:

1. This form is for all licensed individuals who are in private practice and are seeking the new Certified Telehealth Practitioner (CTP) credential. The form MUST be typed. Illegible handwritten forms will be returned, which may impact processing timeframes.
2. In the online CTP application, there is a section to enter a supervisor's name. Enter your name as the supervisor to indicate sole practitioner status.
3. Complete this form and attach a report from your telehealth service delivery platform, such as Doxyme.com or other equivalent system, demonstrating that you have delivered at least ten (10) telehealth sessions between January 1, 2020 and the date of application. Please redact all confidential information on your supporting documentation.
4. Submit the completed form and supporting documentation to your assigned Certification Specialist via email.

<b>Part 1: Applicant Information.</b> Enter requested information exactly as it is associated with your FCB account.	
Applicant Name _____	
Email Address _____	Phone Number _____
Master Credential Name & Number _____	Expiration Date _____
<b>Part 2: Information about Private Practice.</b>	
Name of Business _____	
Address _____	Phone Number _____
City/State _____	Zip Code _____
<b>Part 3: Attestation of Telehealth Work Experience</b>	
I understand that during the grandparenting period, individuals who are independent practitioners who are seeking the new Certified Telehealth Practitioner (CTP) credential must have delivered a minimum of ten (10) telehealth sessions between January 1, 2020 and the date of application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
As supported by official documentation, I attest that I have provided at least ten (10) telehealth sessions between Jan 1, 2020 and the date of application.	<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>	
_____ <b>Signature</b> (FCB accepts both manual and electronic signatures)	_____ <b>Date</b>