Certified Telehealth Practitioner (CTP)
Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the Certified Telehealth Practitioner credential. Applicants complete all required fields of data on the *Training Verification Form* and upload the completed form and copies of supporting documentation to their online application prior to submitting. **All information must be TYPED.** Handwritten forms will be denied.

If submitting by hard copy, please attach copies of the supporting documentation to the completed *Training Verification Form* and send as instructed below. Supporting documentation must be attached in the same order listed on the form.

Mail: Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee FL 32301

Email: Certification Specialist's email or admin_assist@flcertificationboard.org
Fax: 850-222-6247
Subject Line: Training Verification (applicant name)

REQUIREMENT

CTP Content Specific Training Requirement	18 hours of content specific training, allocated as follows: 1. Client Care in a Virtual Environment – 10 hours 2. Technology and Telepresence – 4 hours 3. Legal and Ethical Responsibilities in a Virtual Environment – 4 hours
Supporting Documentation	Training documentation must provide the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact or Credit Hours. If training certificates do not include all required information, contact the training provider and request additional information on their official letterhead to submit as documentation. If using college coursework for training credit, you must provide a copy of your transcript as well as a copy of the course description. Eligible training must be taken from an FCB Approved Education Provider within the last 5 years (no time limit on college coursework taken as part of a degree program). FCB Eligible Training Guidelines and Providers are: • College or university coursework offered by institutions holding Federal Department of Education and/or Council of Higher Education Accreditation (CHEA) recognized accreditation. • Training providers approved to offer continuing education credits/hours by other state or national professional licensing or certification boards. • Agencies issued an FCB Approved Education and Training Provider number. • International Certification and Reciprocity Consortium (IC&RC) member board approved providers.

TRAINING TOPICS BY DOMAIN (examples of relevant topics; not all topics are required)

DOMAIN	TOPICS
Client Care in a Virtual Environment (10 hours)	• Assessments for client readiness and competency to use telehealth service • Security and privacy laws, regulations and protocols • Informed consent • Engagement and rapport building in virtual environment • Meeting special population needs (cultural, children, older adults, special accommodations) • Effective communication skills/etiquette/professionalism • Managing crisis situations • Preparing for the telehealth encounter • Use of telehealth protocols/workflow practices • Modifying evidence-based practices for virtual delivery • Role of the telehealth facilitator within the inter-professional team/consultations
Technology and Telepresence (4 hours)	• Overview of telehealth technologies • Hardware, software, portals, peripherals, platforms • Videoconferencing practices and procedures • Telepresentation skills • Setting the stage for appropriate telepresence (video, sound, lighting) • Use of specific telehealth modalities (mHealth, web-based tools, email, etc.) • Troubleshooting technical difficulties
Legal and Ethical Responsibilities in a Virtual Environment (4 hours)	• Federal and relevant state laws pertaining to telehealth • How to offer services in multiple jurisdictions/states • Confidentiality/HIPAA and CFR 42-Part 2 requirements for telehealth • Professional Codes of Ethics – Telehealth • Ethical issues • Business and professional liability and risk management • Data security • Documentation for telehealth

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APPLICANT NAME: _____ EMAIL ADDRESS: _____

TRAINING TOPIC: CLIENT CARE IN A VIRTUAL ENVIRONMENT (1 OF 3)

Training Requirement: Minimum 10 hours of training in topics directly related to Client Care in a Virtual Environment.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Telehealth 101	*Telehealth Resource Center*	*7/19/2021*	*4*	*Certificate of Completion*	

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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: TECHNOLOGY AND TELEPRESENCE (2 OF 3)

Training Requirement: Minimum 4 hours of training in topics directly related to Technology and Telepresence.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Managing Audio & Video	*Telehealth Resource Center*	*8/12/2021*	*2*	*Certificate of Completion*	

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APPLICANT NAME: _____ **EMAIL ADDRESS:** _____

TRAINING TOPIC: LEGAL AND ETHICAL RESPONSIBILITIES IN A VIRTUAL ENVIRONMENT (3 OF 3)

Training Requirement: Minimum 4 hours of training in topics directly related to Legal and Ethical Responsibilities.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Multi-State Telehealth Regs	*Telehealth Resource Center*	*8/22/2021*	*1.5*	*Certificate of Completion*	