



Certified Tobacco Treatment Specialist Personal Attestation Form

DIRECTIONS

The Certified Tobacco Treatment Specialist credential requires the applicant to complete a personal attestation stating that they are free from tobacco use and understand they will follow the ethics standard related to potential tobacco use relapse. Please complete and return this form via the following:

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)

ATTESTATION

"I understand that by seeking and earning the Florida Certification Board's Certified Tobacco Treatment Specialist credential I am publicly declaring myself to be free from tobacco use. I further agree to be bound by FCB Ethics standard 1.4 regarding potential tobacco use relapse."

I hereby affirm that the information provided on this form is correct.

Print Name

Date

Signature (electronic signature is acceptable)