Certified Tobacco Treatment Specialist
Training Verification Form

DIRECTIONS

This form allows for documenting training hours as required for the CTTS credential. The applicant completes all required fields of data on the *Training Verification Form* and uploads 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

CTTS Content Specific Training Requirement	40 total clock hours of training divided as follows: 1. Health Education: 3 hours 2. Assessment and Referral: 3 hours 3. Treatment Planning and Counseling: 16 hours 4. Professional Responsibility: 6 hours 5. Electives: 12 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 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 10 years (no time limit on college coursework taken as part of a degree program). Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.

Training Topics by Domain

Domain	Topics
Health Education (3 hours)	• Social Marketing • Public Speaking • Environmental Prevention Strategies • Learning Styles • Principles of Adult Learning • The Public Health Approach • Advocacy and Public Policy
Assessment and Referral (3 hours)	• Screening • Networks of Care • Community Resources • Assessment Techniques • Using the DSM-IVR • Using Standardized Assessment Tools • Interviewing Techniques • Making Referrals
Treatment Planning and Counseling (16 hours)	• Counseling Skills • Wellness Management and Recovery • Motivational Interviewing • Treatment Planning • Pharmacotherapy for Tobacco Dependence • Relapse Prevention • Co-Occurring Disorders • Pregnancy and Tobacco Use
Professional Responsibility (6 hours)	• Ethics and Confidentiality • Cultural Competence • Professional Development • Clinical Supervision • Clinical Documentation • Laws and Regulations • Self-Care • Avoiding Relapse
Electives (12 hours)	• Electives related to any of the above performance domains.

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

TRAINING TOPIC: HEALTH EDUCATION (1 OF 5)

Training Requirement: Minimum 3 hours of training in topics directly related to Health Education.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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

TRAINING TOPIC: ASSESSMENT AND REFERRAL (2 OF 5)

Training Requirement: Minimum 3 hours of training in topics directly related to Assessment and Referral.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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

TRAINING TOPIC: TREATMENT PLANNING AND COUNSELING (3 OF 5)

Training Requirement: Minimum 16 hours of training in topics directly related to Treatment Planning and Counseling.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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

TRAINING TOPIC: PROFESSIONAL RESPONSIBILITY (4 OF 5)

Training Requirement: Minimum 6 hours of training in topics directly related to Professional Responsibility.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	

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TRAINING TOPIC: ELECTIVES (5 OF 5)

Training Requirement: Minimum 12 hours of training in topics directly related to CTTS performance domains.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Stages of Recovery	*Florida Peer Network*	*7/19/2017*	*4*	*Certificate of Completion*	