ETHICS POLICY

The Florida Certification Board is dedicated to the principle that health and human services professionals must demonstrate the highest standards of ethical conduct and professional practice. To that end, the FCB has adopted a Code of Ethical and Professional Conduct. Agreement to follow the Code of Ethical and Professional Conduct is a requirement of certification. The FCB is committed to investigate and sanction those certified professionals who violate the Code. The most recent version of the FCB Code of Ethical and Professional Conduct and Disciplinary Procedures are maintained and available for download at www.flcertificationboard.org/policy-procedure under Ethics.

RESPONDING TO A COMPLAINT

- 1. The "complainant" is the person filing the complaint. The "respondent" is the person the complaint is against. **FCB** does not accept anonymous complaints.
- 2. Responses to ethical complaints must be submitted in writing using this form and under the following guidelines.
 - a. Complete all requested fields of information and provide/attach a thorough description of the conduct that serves as your response to the complaint to include date(s) of the alleged conduct and other facts pertinent to the complaint, such as who, what, where, when, etc. If you have supporting documentation, please attach to this form.
 - b. Please be aware that you must maintain client confidentiality when responding to a complaint. The FCB provides an *Authorization to Release Information Form* at www.flcertificationboard.org under Policy & Procedure. This form must be completed by the person(s) who are involved in the complaint yet are also protected under HIPAA or other confidentiality laws. Otherwise, redact identifying information in submitted documentation.
- 3. Upon completion, please submit the form and supporting documentation directly to the FCB via mail, email or fax within no more than 20 business days from the date of the notice from FCB.

Mail: Florida Certification Board Email: Ljones@flcertificationboard.org

Attn: Ethics Investigator - Confidential

1715 South Gadsden Street Fax: 850-222-6247

Tallahassee FL 32301 Subject Line: Ethics Investigator - Confidential

RESPONSE RECEIPT, REVIEW AND NOTICE OF OUTCOME

Please read the full Disciplinary Procedures section of the FCB Code of Ethical and Professional Conduct for details regarding the Investigation Process. At the conclusion of the investigation and hearing, the respondent will be provided with the outcome of the investigation, including sanctions, if any. The respondent has **no more than 10 business days from the date of the notice of outcome from FCB** to file an appeal. Please see the Appeal Process in the FCB Code of Ethical and Professional Conduct. Unless otherwise provided in the Disciplinary Procedures, all information, notes, reports, transcripts, and any documentation of any kind generated or received during the course of an ethics investigation and/or disciplinary proceedings, including the ethics committee meetings and appeal hearings, shall be kept by the FCB.

Please do not submit this instructions page with your completed form. If you have questions, please do not hesitate to contact our office at 850-222-6314 and ask to speak with our Ethics Investigator or Director of Certification.

All information must be typed. Handwritten forms will be denied.

PART 1 – RESPONDENT INFORMATION

Section 1 – Respondent Contact Information. Please complete all fields.			
Last Name:	First Name:		
Phone Number:	Email Address:		
Mailing Address:			
City:	State:	Zip Code:	
Section 2 – Employer Contact Information. Please complet	e all fields.	·	
Last Name:	First Name:		
Credential(s) Held, if any:			
Respondent's Employer:			
Respondent's Employer:			
	Email Address:		
Respondent's Employer: Phone Number:	Email Address:		
Phone Number:	Email Address:		
	Email Address:		
Phone Number:	Email Address: State:	Zip Code:	

PART 2 – RESPONSE DETAILS

Section 1 – Provide a thorough description of your response to the alleged conduct and other facts pertinent to the		
complaint, such as who, what, where, when, etc. If you have supporting	ng documentation, please attach	it to this form.
Have you attached additional documentation to this form:	Yes	No
If Yes to the above, does the documentation contain confidential info	ormation	
protected by HIPAA or other confidentiality law:	Yes	No
If Yes to the above, have you attached either of the following:		
Authorization to Release Information Form	Redacted Confidential, Identify	ing Information

PART 3 – OTHER INDIVIDUALS TO CONTACT

Section 1 – Please provide the contact information of any other person(s) who may have information relevant to the		
complaint. The FCB will contact these individuals as part of the investigation. Attach additional pages if necessary.		
Last Name:	First Name:	
Relationship to Respondent:		
Phone Number:	Email Address:	
Last Name:	First Name:	
Relationship to Respondent:		
Phone Number:	Email Address:	
Last Name:	First Name:	
Relationship to Respondent:		
relationship to respondent.		
Phone Number:	Email Address:	
Filone Number.	Lilian Address.	
Lock Nomes	First Name:	
Last Name:	First Name:	
Polodic addition Beauty dead		
Relationship to Respondent:		
Phone Number:	Email Address:	