

- 1. Master's Level Certified Addiction Professional (MCAP), Certified Addiction Professional (CAP), and Certified Prevention Professional (CPP) applicants who hold a degree that may be related but is not specified on the FCB's list of related degrees may request an MCAP/CAP/CPP Related Degree Equivalency Review. Equivalency reviews are conducted by FCB management staff.
- 2. <u>CAP/CPP Formal Education Requirement.</u> All Certified Addiction Professional (CAP) applicants must hold a minimum of a bachelor's degree in a related field from an accredited college or university. Related degrees are:
 - a. Addiction Studies/Counseling
 - b. Art/Dance Therapy
 - c. Behavioral Healthcare
 - d. Child Development/Family Relations
 - e. Counseling/Guidance
 - f. Criminal Justice
 - g. Divinity/Religion/Theology (only with a concentration in counseling)
 - h. Drama/Expressive Arts Therapy
 - i. Gerontology
 - j. Health Education
 - k. Health Sciences
 - I. Human Services
 - m. Marriage and Family Counseling

- n. Medicine
- o. Mental Health Counseling
- p. Music Therapy
- q. Nursing
- r. Occupational Therapy
- s. Pastoral Counseling
- t. Pharmacy/Pharmaceutical Sciences
- u. Psychology
- v. Public Health
- w. Recreational Therapy/Counseling
- x. Social Work
- y. Sociology
- z. Vocational Counseling
- 3. <u>MCAP Formal Education Requirement.</u> All Master's level Certified Addiction Professional (MCAP) applicants must hold a master's degree or higher in a related field from an accredited college or university. Related degrees are:
 - a. Counseling, to include:
 - Addiction Studies/Counseling
 - Marriage and Family Counseling
 - Mental Health Counseling
 - Pastoral Counseling
 - Rehabilitation Counseling
 - Recreational Therapy/Counseling

- b. Psychology, to include:
 - Art Therapy
 - Music Therapy
 - Expressive Arts Therapy
- c. Social Work
- d. Advanced Nurse Practitioner with psychiatric specialty
- 4. Related Degree Equivalency Reviews are approved, dismissed, or denied by the FCB President/CEO, the Director of Operations, and/or the Director of Certification. The decision is final and not subject to appeal.
- 5. Fee: \$25.00 Paid by Check or Money Order ONLY
- 6. Application Requirements
 - a. Complete MCAP/CAP/CPP Related Degree Equivalency Review Application;
 - b. Submit unofficial transcript and official course descriptions and/or syllabus for relevant coursework; and
 - c. Pay \$25 fee Paid by Check or Money Order ONLY



Suggestions for Preparing your MCAP/CAP/CPP Related Degree Equivalency Review Application

<u>General Guidance</u>: Applicants should review all requested information before preparing the equivalency request. If the request does not include sufficient information, the FCB will require that information be submitted before a decision can be made. If sufficient additional information is not provided, the FCB may deny or dismiss the request.

Related Degree Equivalency Review Guidance:

It is recommended that your equivalency review application include:

- 1. Explain why your degree should be considered a "related degree" for certification purposes. Ensure your description includes a discussion of how your coursework prepared you to work in the field of health and human services.
- 2. An unofficial copy of your transcript and copies of official course descriptions and/or syllabus for relevant coursework.
- 3. A current resume to include specific job titles, dates of employment, employers, responsibilities, and a description of programs/clients served.
- 4. Any additional information or documentation that you believe demonstrates that your degree is equivalent to the FCB-identified related degrees for certification purposes.

Submit your application, fee payment, and all attachments to:

Director of Certification

Florida Certification Board

1715 South Gadsden Street

Tallahassee, Florida 32301

Effective Date: July 1, 2018

Section 1: Contact and Demographic Information.	
Last Name	First Name
Primary Phone Number	Primary Email Address
Mailing Address	
City	State
Zip code	County
Section 2: Degree Information. Provide information for	County or the degree you are seeking an equivalency review.
Credential Sought: ☐ MCAP ☐ CAP ☐ CPP	
Degree Type: ☐ BA/BS ☐ MA/MS/MEd	☐ PhD ☐ MD/DO ☐ JD ☐ Other
Degree Field:	I THE I ME, ES IS I SUITE.
School Name:	
School Location:	
City	State
Is the name on your transcript the same as on this application? ☐ Yes ☐ No*	
If "no," what name is on your transcript?*	
*Attach a copy of the official name change documentation	
Section 3: Equivalency Review Application Checklist. Identify each document included in your application.	
Unofficial transcriptOfficial course descriptions and/or syllabus for relevant coursework	
\$25 fee – Paid by Check or Money Order ONLY	
Other (please specify)	-
Section 3: Signature	
Applicant's Signature	Date
Printed Name	
For FCB Use Only	
☐ Equivalency approved ☐ Equivalency de	nied Pending additional information (describe):
FCB Management Signature	Date
Printed Name	