



Florida Certification Board

Provisional Certification Extension Policy and Application for Provisionally Certified Peers and Behavioral Health Case Managers

Effective Date: December 1, 2018

Purpose: Provisional certification is valid for a 12-month period; starting on the date the provisional credential was awarded by FCB. Within the 12-month period, provisionally certified individuals are supposed to complete additional requirements, apply for and hold full certification. Individuals able to demonstrate extenuating circumstances may apply for a one-time extension to the 12-month timeframe in order to complete full certification requirements.

Policy:

- A. Provisional certification extensions may be granted to individuals who were not able to earn full certification within required timeframes for the following reasons:
 - a. Extended absence from work for maternity/paternity leave, Family and Medical Leave Act (FMLA), or other extended illness. The extension will be equal to the amount of time the employee was on approved leave.
 - b. Part-time staff. The extension will be granted for 6 months.
 - c. Other circumstance. The applicant must submit a written Extension Request Memo (see last page of this document) packet for review and action by the FCB's Director of Certification. The length of the extension will vary based on circumstances, not to exceed 6 months.
- B. Eligible individuals may apply for a one-time provisional certification extension by meeting the following conditions:
 - a. The individual's immediate supervisor or designee must complete and submit the Provisional Certification Extension Application, including supporting documentation, a minimum of three (3) weeks prior to the provisional certification expiration date.
 - The FCB will not accept provisional extension applications from the provisionally certified individual. The application must be mailed, faxed, or scanned/emailed to the FCB by the individual's immediate supervisor or designee.
 - Individuals are NOT eligible to apply for an extension after the provisional certification has expired.
 - b. The individual must agree to complete requirements and apply for full certification at least two (2) weeks before the extension period ends.
 - c. The individual must pay a \$75 extension fee.
- C. When granted, the extension start date begins on the Provisional Certification expiration date.

- D. Failure to earn full certification by the extension expiration date will result in the credential being placed on inactive status and the individual is no longer qualified to perform duties requiring active certification.
- E. An inactive provisional certification may not be reinstated. Individuals failing to earn full certification by the end of the extension period must start the certification process as a new applicant, meeting all standards in place at the time of re-application, including all mandatory forms, test requirements, and fee payment.
- F. Extension requests will be reviewed for action within 10 working days of receipt.
 - a. When FCB grants an extension, the applicant will receive an email verifying the extension, including directions on how to pay the fee online. Within 48 business hours of fee payment, the extension will be processed in FCB's database to reflect the new expiration date: you can print a wallet card from your online account and/or the search results from the FCB webpage both serve as official verification of the expiration date.
 - b. When FCB denies an extension, the applicant will receive an email indicating the denial and restating the (1) current expiration date and (2) consequences for failure to earn certification within required timeframes.

Extension Eligibility Table:

Eligibility	Definition	Length of Extension
Maternity or Paternity Leave	The amount of time a new mother or father takes off after the birth of a child.	Equal to length of approved leave.
FMLA	Any leave taken under the Family Medical Leave Act.	Equal to length of approved leave.
Extended Illness	Leave due to illness or injury that has exhausted all available sick leave and results in continued absence due to the illness or injury.	Equal to the length of approved leave, not to exceed 6 months.
Part-time Staff	Provisionally certified staff who work 30 hours or less on a regular basis.	6 month extension.
Other	Any reason not identified herein that causes the individual to be unable to earn full certification within the 12-month provisional certification period.	Varies, not to exceed 6 months.

Supporting Documentation: Extension requests must include verifiable, official documentation supporting the extension request. The exact document(s) will vary based on the employer and the circumstances surrounding the absence.

Eligibility	Supporting Documentation
Maternity or Paternity Leave	Copy of the official notice granting leave. Must include start and end dates.
FMLA	Copy of the official notice granting leave. Must include start and end dates.
Extended Illness	Copy of the official notice granting leave. Must include start and end dates.
Part-time Staff	Letter on agency letterhead verifying part-time employment status.
Other	Complete the Extension Request Memo and attach relevant supporting documentation. The template is found on the last page of this policy.



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This application must be completed in its entirety. All statements made on this application are subject to verification.

Section 1: Demographic Information

Last Name _____ First Name _____
Employer _____
Work Phone _____ Email _____

Section 2: Credential Information

Provisional Certification Number _____ Provisional Certification Expiration Date _____

Section 3: Eligibility

Please indicate the reason you are requesting an extension. Attach a copy of official documentation supporting your request to this application.

- Maternity/Paternity Leave Extended Illness Other
 FMLA Part-time Staff

Section 4: Circumstances Surrounding the Extension Request

Please explain, in detail, the circumstances surrounding your need for an extension to complete certification requirements and how you plan on completing requirements if the extension is granted. Attach supporting documents to this application.

Attach additional pages, if necessary.



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Section 5: Immediate Supervisor Information

Last Name _____	First Name _____
Employer _____	
Work Phone _____	Email _____
I acknowledge that the individual seeking a provisional extension is eligible for the extension under FCB policy and understand that all additional certification requirements must be met and the upgrade application must be submitted at least two (2) weeks before the new expiration date.	
Signature _____	Date _____

Section 6: Acknowledgement of Provisional Certification Extension Policy

By affixing my signature below, I acknowledge that I understand the following requirements regarding provisional certification and full certification. Specifically, I understand that (1) the provisional certification extension is valid for the amount of time specified by the FCB and (2) full certification requires individuals to meet specified on-the-job supervision and related work experience requirements at least two weeks before the new provisional certification date.

I further acknowledge that I understand that I am applying for a one-time provisional certification extension. If granted, I understand that I must complete all additional requirements and the upgrade application must be submitted at least two (2) weeks before the new expiration date.

Signature _____ **Date** _____