



Protecting the Citizens
of Florida

Certified Mental Health Professional (CMHP)

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

*Define Yourself
as a Professional
through Certification.*



*Protecting the Citizens
of Florida*

**Certified
Mental Health
Professional
(CMHP)**

Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals performing work in the related fields of addictions, prevention, criminal justice, mental health, and behavioral health.

In order to be certified as a Mental Health Professional in the State of Florida, you must:

1. Meet specific competency and ethical conduct requirements;
2. Possess minimum work and supervision experience requirements;
3. Possess minimum education and training requirements;
4. Pass the written exam; and
5. Complete minimum continuing education credits annually to maintain a current knowledge base.

Mission

To protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and certification cards are the property of the FCB and must be surrendered upon Board request.

Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at www.flcertificationboard.org. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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Introduction

Certified Mental Health Professionals fill a unique role among health and human services professionals in providing quality care to consumers. The Florida Certification Board (FCB) has designed a credentialing system that will evaluate each applicant's competency and grant recognition to those professionals who meet the specified minimum standards. In creating this process, the FCB examined credentialing systems of other states, gathered input from state and national groups, and incorporated the most appropriate elements to form the basis of this system.

The FCB recognizes that Certified Mental Health Professionals work in a wide range of disciplines and have diverse educational and experiential backgrounds. The FCB's certification process identifies and defines the core functions, responsibilities, knowledge, and skill areas required of Certified Mental Health Professionals regardless of work setting, approach, and educational or professional training. This process does not endorse any one particular philosophy, treatment modality or service delivery approach. We encourage and require the development of professional skills and competencies for all Certified Mental Health Professionals.

Purpose

The purpose of a certification system for Certified Mental Health Professionals is to:

1. Assure the public a minimum level of competency for quality services by Certified Mental Health Professionals.
2. Give professional recognition to qualified Certified Mental Health Professionals through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Certified Mental Health Professionals.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Definition of a Certified Mental Health Professional (CMHP)

The Certified Mental Health Professional is an unlicensed practitioner who possesses competency in providing direct services in mental health inpatient and outpatient settings. The role of the Mental Health Professional includes but is not limited to:

- Performing screening and assessment activities with service recipients.
- Focusing on person-centered services and recovery plans.
- Establishing a helping relationship and encouraging the service recipient to become actively involved in his/her treatment.
- Coordinating referrals and case management activities.
- Working in a professional and ethical manner.

Certification Standards

The following certification standards are the **minimum** requirements that must be documented in order to earn the Mental Health Professional certification.

CMHP Standards	
Formal Education and Work Experience	<p>Applicant must meet the minimum hours of work experience required for the highest degree held in a related field <i>or</i> 10,000 hours of related experience regardless of the level of degree held in a non-related field.</p> <ol style="list-style-type: none"> 1. Masters Degree or higher in a related field - 2,000 hours work experience 2. Bachelors Degree in a related field - 6,000 hours of work experience 3. Bachelors Degree or higher in an unrelated field - 10,000 hours of work experience <p>Related fields are: counseling, psychology, or social work</p>
Training	<p>350 total clock hours of training. 300 hours are divided among the performance domains; 50 hours are electives and may address any of the performance domains.</p> <ul style="list-style-type: none"> • Assessment - 66 hours • Person Centered Service/Recovery Planning - 63 hours • Counseling - 93 hours • Service Coordination - 48 hours • Professional Responsibility and Ethics - 30 hours
Supervision	300 hours of Direct Supervision; a minimum of 20 hours must be documented in each of the 5 performance domains.
Recommendations	3 professional letters of recommendation for certification
Code of Ethics	Must sign statement agreeing to follow the FCB's Code of Ethics
Written Exam	150 item, multiple-choice written exam
Renewal	20 CEUs annually

Part I The Certification Process

Easy to follow Instructions.

Your Personal Road Map to Certification

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

Please contact The Florida Certification Board if you have any questions along the way:

1715 South Gadsden Street
Tallahassee, FL 32301

(850) 222-6314 *office*

(850) 222-6247 *fax*

www.flcertificationboard.org



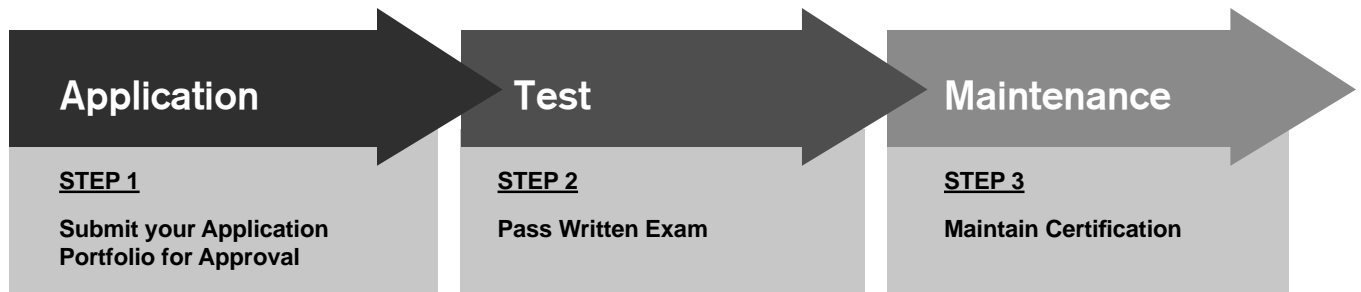
TIPS *for Success!*

You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.

- Read the entire application package before you begin.
- Transcripts must come from an accredited college/university. An official transcript must be mailed directly from the educational institution to the FCB.
- Provide each person who completes mandatory forms on your behalf with:
 - A pre-addressed, stamped envelope (addressed to the FCB)
 - The required forms
 - A requested due date to mail the required form(s) to the FCB
- Photocopy entire completed application portfolio before submitting

PART I *The Certification Process and Critical Timeframes*

The Certification Process



Guidelines for Certification

1. **All applications must be legible.** Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.
2. All education, work experience, and training must be completed **prior** to applying for certification.
3. All education, work experience, supervision and training must include **supporting documentation** that can be verified or it will not be counted as eligible.
4. Candidates must pay a one-time **\$150 certification fee** with the application portfolio. This fee is non-refundable and non-transferable.
5. Once the application is complete, **make a copy of the entire application packet**, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.
6. Applicants are encouraged to begin a file to **organize and store** all certification related correspondence, certificates, letters of verification, etc.



CRITICAL TIMEFRAMES

Applicants have one year in which to complete the certification process. This includes approval of the Application Portfolio and taking and passing the written exam.

The one-year time frame begins once the **completed application is received** in the FCB office. Upon initial review, applicants will be informed of their out-of-time-date.

Applicants will receive a reminder that they are in danger of running out of time **three to six months prior** to their out-of-time date. Once time has run out, final notification will be sent that includes the steps necessary for continuing the process.

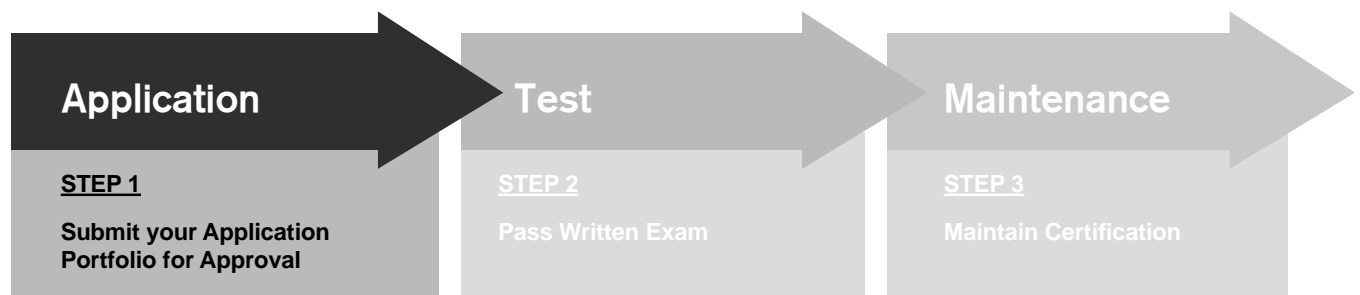
PART I *Application Portfolio*

In order to continue the process, an applicant will need to send a written statement along with the \$150 out-of-time fee. This will allow **another year in which to complete the process**. Applicants must, however, comply with any new guidelines that may be in place at that time (degree, exams, education, etc.).

If an applicant allows two years to pass without completing the certification process, the applicant must begin the certification process over, including payment of the certification fee, and must meet the requirements that are in place at that time.

APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant's competency in the knowledge and skills specifically related to the functions of a Certified Mental Health Professional.



The Application Portfolio consists of:

1. Application for Certification in Mental Health
2. Work Verification Form
3. Training Verification Form
4. Supervision Verification Form
5. Recommendation for Certification Forms

Each form is included in this manual; forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation. Additional information will be used only to further evaluate an applicant and will be held confidential.

PART I *Application Portfolio (continued)*

The next sections provide detailed information on how to complete each mandatory form.

1) APPLICATION

Please carefully fill out each section of the Certified Mental Health Professional application form.

Section 1: Demographic Information

Section 4: Voluntary Demographic Information

Section 2: Educational Background

Section 5: Assurance and Release

Section 3: Background Information

Section 6: Code of Ethics

- This application must be completed in its entirety.
- Partial, incomplete, or illegible applications will be returned to the applicant.
- All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
- Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.



The FCB may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

INCARCERATED OR CONVICTED APPLICANTS

The Certified Mental Health Professional application form requires applicants to indicate whether or not the applicant has ever been convicted of a felony. If the applicant indicates “yes” in this section of the application, applicants must provide the FCB with any and all information concerning any arrest(s), convictions, indictments, suspensions, or revocations.

An applicant will not be considered for certification until such time that they have completed and are no longer under the jurisdiction of the county, state or federal criminal justice system, including but not limited to supervised or unsupervised probation.

Work experience earned during incarceration may not be used to meet the work experience requirement.

PART I *The Work Verification Form*

2) WORK VERIFICATION FORM

REQUIRED WORK EXPERIENCE

Work experience is defined as the hours the applicant has spent providing mental health services.

The number of hours of required work experience depends on the applicant's educational background:

- Applicants holding a minimum of a Masters degree in counseling, social work, or psychology must document **at least 2,000 hours** of work experience
- Applicants holding a Bachelors degree in counseling, social work, or psychology must document **at least 6,000 hours** of work experience
- Applicants holding a minimum of a Bachelors degree in a non-related field must document **at least 10,000 hours** of work experience

ALL work experience must be gained prior to applying for certification.

CALCULATING WORK EXPERIENCE HOURS

Work experience hours are calculated as follows:

- 1-year of full-time employment at 40-hours per week, equals 2,080 hours.
- If the applicant worked fewer than 40-hours per week, actual work hours must be calculated on an hour-for-hour basis.

DOCUMENTING WORK EXPERIENCE

The Work Verification Form is used to document the applicant's prior work experience in the field of mental health. This form is to be completed by the applicant's employer's personnel officer or designee.

The applicant must provide the Work Verification Form to the employer's personnel officer or designee for completion and signature. This form MAY NOT be signed by a relative or spouse.

If multiple agencies need to verify work experience, the applicant must make copies of the Work Verification Form for each individual employer to complete.

PART I *The Training Verification Form*

The applicant must ensure that his or her name is written on the Work Verification Form exactly as it is written on the Application for Certification Form so that FCB staff may link up the mailed documents with the applicant's Application Portfolio. The personnel office must complete the form and mail it directly to the FCB. The FCB will **NOT** accept work verification provided by the applicant.



The personnel office should mail the completed form to:

The Florida Certification Board, 1715 South Gadsden Street,
Tallahassee, Florida 32301

3) THE TRAINING VERIFICATION FORM

The Training Verification Form is used to document completion of required training prior to applying for certification. This form is completed by the applicant.

REQUIRED TRAINING

Applicants must document at least 350 total clock hours of training as outlined below:

300 hours are specified, the remaining 50 hours may be spread among any of the performance domains.

- 66 total hours of Assessment
- 63 total hours of Person Centered Service/Recovery Planning
- 93 total hours of Counseling
- 48 total hours of Service Coordination
- 30 total hours of Professional Responsibility and Ethics

All training must be complete prior to applying for certification.

Training requirements may be met through multiple strategies including, but not limited to seminars, conferences, workshops, and in-service trainings.

Unacceptable Training:

1. **Any training that cannot be supported** and/or verified by appropriate documentation will not be approved.
2. **Practicums and internships** are not acceptable for training requirement credit hours, but may be submitted to document minimum work experience when the practicum/ internship occurs on-site (not in the college classroom).

PART I *The Training Verification Form*

Examples of eligible course content are listed under each required training topic. This list is not exhaustive; any course that builds knowledge and skill necessary to perform a job task is eligible for training credit.

Assessment:

66 HOURS

- Individual and/or Group Interviewing
- Establishing Rapport
- Screening
- Service/Recovery Planning
- Assessment Skills and Tools
- Psychosocial Summaries

Person Centered Service/ Recovery Planning:

63 HOURS

- Communication Skills
- Service/Recovery Plan Writing Skills
- Clinical Documentation
- Progress Notes
- Reports/Record Keeping/Records Management

Counseling:

93 HOURS

- Care Coordination
- Documentation
- Treatment Planning/Models of Treatment
- Communication Skills
- Client Self-Management
- Relapse
- Signs and Symptoms of Mental Illness/Emotional Disturbance
- Therapeutic Skills
- Crisis Management
- Intervention Strategies
- Prevention
- Individual/Group Facilitation
- Adult Education
- Referral

Service Coordination:

48 HOURS

- Advocacy/Liaison Activities
- Case Management
- Communication Skills
- Consultation
- Orientation
- Special Population Needs
- Referral
- Community Resources
- Multidisciplinary Service/Recovery Team

Professional Responsibility & Ethics:

30 HOURS

- Cultural Competence
- Boundaries/Transference
- Privacy/Confidentiality/HIPPA
- Computer Ethics
- Ethical Decision Making/Code of Ethics
- Laws/Rules & Regulations
- Relationships/Dual Relationships
- Organizational Ethics
- Sexual Misconduct

Calculating Training Credit Hours

The required number of hours refers to actual time spent in coursework, training, conferences or other educational event. Training credit hours are calculated as follows:

1. Professional training, seminars, in-services, workshops, etc. are calculated on an hour-per-hour basis. Breaks, including lunch, are not included when calculating the number of training credit hours. For example, a one-day training that starts at 8:00 am, breaks at noon for lunch, resumes at 1:00 pm and ends at 3:00 pm is eligible for 6 training credit hours.
2. One college semester credit equals 15 training credit hours. A three credit semester course equals 45 training credit hours.
3. One college quarter credit equals 10 training credit hours. A three credit quarter course equals 30 training credit hours.

PART I *The Supervision Verification Form*

DOCUMENTING TRAINING REQUIREMENTS

All candidates must document training requirements on the Training Verification Form.

1. **Supporting documentation must be provided** for each entry on the form.
2. **Supporting documentation must include** the following content:
 - Applicant's Name,
 - Course Title,
 - Sponsor/Provider,
 - Delivery Date(s),
 - Number of hours, and
 - The provider/trainer/agency head's signature. If the provider's signature is unavailable, the documentation must be on the provider's official letterhead and/or include the official logo.
3. **Supporting documentation** must be organized so it appears in the same order as each entry on the *Training Verification Form*.
4. **If one course covers multiple topics**, the course must be listed individually for each requirement that it meets. A separate copy of the supporting documentation must be provided for each separate entry.

4) SUPERVISION VERIFICATION FORM

The Supervision Verification Form is used to document the applicant's direct supervision hours.

REQUIRED SUPERVISION

Applicants are required to complete a minimum of 300 hours of supervision. At least 20 hours of supervision must be documented in each performance domain. The remaining hours may be allocated among any of the performance domains.

For the purpose of the CMHP credential, supervision hours must be completed under the direction of a qualified supervisor. A qualified supervisor holds any of the following credentials:

- Licensed Mental Health Professional
- Licensed Clinical Social Worker
- Licensed Psychologist
- Licensed Marriage and Family Therapist
- Certified Mental Health Professional with a Master's Degree

Supervision can take place in individual or group sessions and may include direct observations or consulting. Sessions may be face-to-face or via distance technologies (telephone, web-based, etc.)

PART I *Recommendation for Certification*

DOCUMENTING SUPERVISION

The Supervision Verification Form must be completed by the applicant's qualified supervisor.

The qualified supervisor must mail the completed Supervision Verification Form to the FCB. The FCB will not accept Supervision Verification Forms from the applicant.

If multiple agencies need to verify supervision, the applicant must make copies of the Supervision Verification Form for each qualified supervisor to complete. Regardless of status, an applicant's spouse or relative may not serve as a qualified supervisor.

Note: Applicants must ensure that their name is written on the Supervision Verification Form exactly as it is written on the Application for Certification Form so that FCB staff can link the Supervision Verification Form with the applicant's portfolio.



The Supervision Verification Form must be mailed to:

The Florida Certification Board
1715 South Gadsden Street
Tallahassee, Florida 32301

5) RECOMMENDATION for CERTIFICATION FORM

The Recommendation for Certification Form is completed by professional references who will attest to the applicant's appropriateness for certification. References must be NON-RELATIVES. The applicant should provide the form to his or her references and request that the form is completed and mailed directly to the FCB by the reference within one week from the date the applicant provided the reference with the form. The FCB does not monitor the one week timeframe; rather, it is a suggestion to help ensure that all components of the applicant's Application Portfolio are received in a timely manner.

All recommendation forms must be completed by the individual providing the recommendation and must be sent directly from that person to the FCB. The FCB will NOT accept recommendations provided by the applicant.

PART I *Written Exam*

Provide one form to each of your selected references. Be sure to explain the urgency of completing the form and providing it to the FCB. You may want to provide individual with a due date and a pre-addressed, stamped envelope to use when mailing the form to the FCB.

Please remember it is your responsibility to follow up with references to ensure the documentation reaches the FCB.

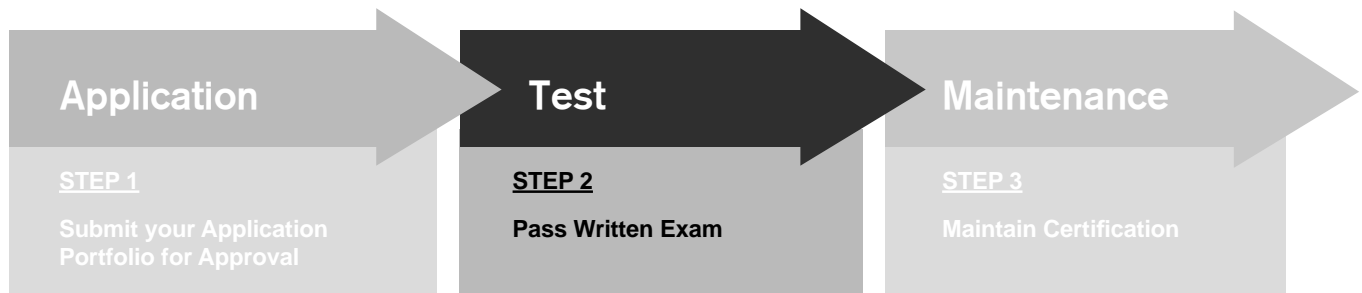


The Recommendation for Certification Form must be mailed to:

The Florida Certification Board
1715 South Gadsden Street
Tallahassee, Florida 32301

WRITTEN EXAMINATION

The exam consists of 150 multiple-choice questions.



Applicants may only register for the written exam AFTER they have received formal notice from the FCB that their Application Portfolio has been approved.

The approval notice will include information to register for the test; test registration DOES NOT happen automatically.

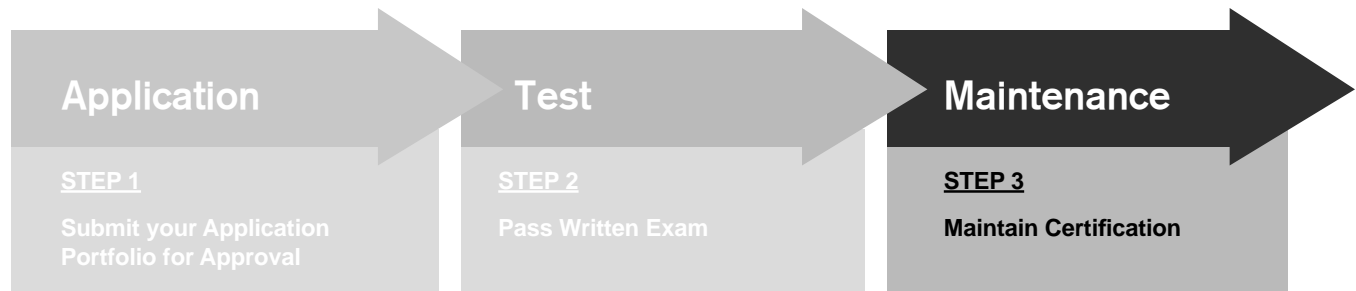
In order to register for a test you must submit a written request and the appropriate test fees. You will be notified of your scheduled test date and location at least 2-weeks prior to the scheduled test date.

Once you have passed the written exam you will be awarded the Certified Mental Health Professional credential.

PART I *Credential Maintenance*

CREENTIAL MAINTENANCE

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.



CONTINUING EDUCATION UNITS (CEUs)

CMHPs must earn 20 Continuing Education Units (CEUs) each year to maintain certification; please keep all CEU documentation for a minimum of two (2) years in case of a CEU audit.

Eligible CEU providers are approved by:

- The FCB
- Other ICRC/AODA certification boards,
- Accredited institutions of higher learning, or
- Other licensing boards such as DBPR, Nursing Board, DCF, LCSW

CEUs do not have to be earned via face-to-face instruction. CMHPs may submit coursework completed through home study programs, distance learning or Internet courses offered by FCB approved providers.

The FCB approved CEU providers are listed on the FCB website at www.flcertificationboard.org/Training_FCB-Approved-Providers.cfm

CEU AUDIT

The FCB uses a random computer-generated audit system to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each CMHP can expect to be audited at least once every four years. Once audited, an individual's name is not removed from the pool.

Once certified, please keep all CEU paperwork for a minimum of two (2) years in case of an audit.

When audited, the individual must submit documentation supporting the 20 CEUs the CMHP earned during the renewal period (June through June of the previous year).

PART I *Renewal and Inactive Status*

RENEWAL

Certification must be renewed no later than June 30 of each year.

To renew a certification, the certified individual must:

1. Pay the renewal fee no later than June 30 of each year.
2. Complete 20 hours of continuing education throughout the renewal period.
3. Submit documentation of continuing education, if audited.
4. If certification is not renewed the CMHP will automatically be placed on inactive status.

A certification validation card is the official documentation that the CMHP has renewed certification. The card will be mailed to the CMHP after fees have been received and CEUs validated.



INACTIVE STATUS

A CMHP may be placed on inactive status in one of two ways.

The two ways to be placed on inactive status are:

1. Failure to pay annual renewal fees and submit required CEUs by the June 30 deadline will automatically result in an inactive certification. If this occurs, the CMHP will receive notification that his or her certification is inactive. The notification will include the steps necessary to reinstate the certification.
2. A CMHP may choose to place their certification on inactive status for a maximum of three years. A written request must be sent if this option is taken.

To reinstate an inactive certification, the individual must submit:

- a written request for reinstatement to the FCB,
- proof of 20 current CEUs,
- a \$125 renewal fee, and
- a \$200 reinstatement fee.

PART I *Appeals Process*

A CMHP may remain on inactive status for a maximum period of three years. If certification is not reinstated by the end of the 3 years, the certification process must be started over according to any new requirements that are in place at that time.

**DURING THE INACTIVE PERIOD,
THE CMHP CREDENTIAL MAY NOT BE USED.**



APPEALS PROCESS

When an applicant is denied certification, questions the result of the application portfolio review, questions examination results, or is subject to an action by the FCB or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

An inquiry is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

The applicant may appeal the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

THE APPEAL HEARING

All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.

Upon receipt of the applicant's request for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

The FCB will send, by certified mail, a notice of the hearing to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

The appealing party will be informed of the results of the hearing, by certified mail, within 20 business days of the hearing. The decision of the Hearing Committee is final and cannot be appealed.

Part II Application Portfolio

Your Application Portfolio Forms.

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

- **Application**
- **Training Verification Form**

The beige forms must be completed by others and mailed to the FCB. These forms include:

- **Work Verification Form**

Provide this form to your current or former employer and ask them to complete the form and mail it directly to the FCB.

- **Supervision Verification Form**

Provide this form to your current or previous supervisor and ask them to complete the form and mail it directly to the FCB.

Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301



TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

- Application for Certification in Mental Health
- Training Verification Form

The following form must be completed and mailed to the FCB by the supervisor:

- Supervision Verification Form

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

- Work Verification Form

The following form must be completed and mailed to the FCB by the References.

- Recommendation for Certification Form

Certified Mental Health Professional Application

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.

Florida Certification Board
1715 S. Gadsden Street Tallahassee, FL 32301
850-222-6314 Phone 850-222-6247 Fax

Section 1 - Demographic Information

Last Name _____ First Name _____

Middle/Maiden Name _____ SSN _____

Address _____ County _____

City _____ State _____ Zip Code _____ Home Phone _____

Place of Employment _____ County _____

City _____ State _____ Zip Code _____ Work Phone _____

E-mail _____ Work Fax _____

Please use the following address for correspondence: Home Work

Section 2 - Educational Background

Postsecondary Education: List all technical or trade schools, community college, college or university, correspondence, or other institution from which you have received a diploma and/or degree.

School Name	Location of School (City/State)	Degree Type	Date Degree Earned

Is the name on your transcript the same as on this application? Yes No _____
If your answer is no, please list the name on your transcript here.

Indicate any other licenses or certifications you hold: LPN RN LCSW ACSW LMFT LMHC
 Other(s) _____

I acknowledge that I have a minimum of a _____ degree in: a **related** field an **unrelated** field
 (Level)

Certified Mental Health Professional Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$150 non-refundable Certification Fee has been received.

Section 3 - Background Information

Have you ever been convicted of a felony or first degree misdemeanor? No Yes

If the answer is "yes", what were the charges? _____

Where (state/county/city) did the incident occur? _____

Date of conviction: _____

Have you ever pled nolo contendere or pled guilty to a crime which is a felony or first degree misdemeanor?

No Yes If the answer is "yes", what were the charges? _____

Where (state/county/city) did the incident occur? _____

Date of court ruling: _____

Have you ever had the adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor?

No Yes If the answer is "yes", what were the charges? _____

Where (state/county/city) did the incident occur? _____

Date of court ruling: _____

If you have answered "yes" to any of the questions above, please include an original, official background report indicating all sanctions have been satisfied.

Section 4 - Voluntary Demographic Information

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail or refuse certification to any individual because of race, color, religion, national origin, marital status, or handicap.

I prefer NOT to provide the FCB with my demographic information.

Date of Birth _____ Gender: Female Male Race _____

Black (non-Hispanic Origin)
Persons having origins in any of the black racial groups of Africa.

Hispanic
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin.

White (non-Hispanic origin)
Persons having origins in any of the groups from Europe, North Africa, or the Middle East.

Native American
Persons having origins in any of the original native tribes of the Americas and Alaska.

Asian or Pacific Islander
Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

Multi-racial/Multi-ethnic
Persons having any origins from any of the described races and/or ethnicities.

Assurance and Release Form

The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

"I give my permission for the FCB and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification."

"I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board."

"I further agree to hold the FCB, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying."

Print Full Name

Date

Signature

Acknowledgement of the FCB Code of Ethics

The FCB Code of Ethics can be downloaded at www.FLCertificationBoard/Ethics.cfm

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below...

"I acknowledge that I have received a copy of FCB's most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto."

Initial Here

"I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB's Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics."

Initial Here

Print Full Name

Date

Signature

Please clearly print your name as you would like it to appear on your Certification Certificate. There is a \$15.00 reprinting fee for any error not made by the FCB Office.

Training Verification Form for Mental Health Professionals (CMHP)



You must document training hours according to the directions below. Please reproduce this form as necessary.

Directions:

1. Complete the following form and use it as a cover sheet to all supporting documentation.
2. Please attach certificates/transcripts/course descriptions in the same order as the trainings are listed below.
3. You must document a minimum of 350 hours as prescribed.

Title of Training	Sponsor & Location	Topic/ Domain	Date	No. of Hours	FCB Use

Work Verification Form

Hello. The applicant named below is applying for certification with the Florida Certification Board.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

Applicant's Name: _____

Applicant's Title: _____

Employer's Name: _____

Applicant's Date(s) of Employment: From: ___/___/___ To: ___/___/___

Hours Worked per Week: _____

Average # of hours per week spent performing mental health duties: _____

Please provide a detailed description of the position's job duties:

You may attach a copy of the position description in lieu of describing the job duties, if applicable.

Name: _____

Title: _____

"By my signature I acknowledge that the above material is true, to the best of my knowledge."

Personnel Officer/Designee's Signature

Date

Supervision Verification Form

Hello. The applicant named below is applying for certification with the Florida Certification Board.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Part I: Supervisor Information

Please do not complete this form if you are in any way related to the applicant.

Applicant's Name: _____

Supervisor's Name: _____

Title: _____

Agency Name: _____

Address: _____

Telephone: () _____ Fax: () _____

Professional license(s) or certification(s) hold (attach copies):

Licensed Clinical Supervisor Licensed Mental Health Professional

Licensed Psychologist Licensed Marriage and Family Therapist

Certified Mental Health Professional plus a Master's Degree

I provided supervision to this applicant from: _____ to _____

The applicant's position was: Full Time Part Time

If part time, hours per week: _____

Form continued on the back of this page.

Supervision Verification Form (continued)

Applicants must have completed a minimum of 300 hours of direct supervision with at least 20 hours in each of the performance domains. The format for supervision is commonly one-to-one and/or small groups on a regular basis. Methods for review often include case review and discussion, utilizing direct observation of work.

The "Number of Hours" refers to the actual time you spent providing face-to-face supervision to the applicant related specifically to each skill area listed. Supervision may occur via face-to-face contact or distance methods such as telephone, e-mail, etc.

Part II: Supervision Hours

Practice Domain	# of Hours
Assessment – The ongoing process through which the counselor collaborates with the client and others to gather and interpret information necessary for planning treatment and evaluating client progress.	
Person Centered Service/Recovery Planning – The process through which the mental health professional interprets all relevant assessment information in order to begin the development of the individualized plan of care. Recovery planning includes discussing assessment findings with the service recipient and significant others in order to facilitate the development of the plan of care. It involves formulating mutually agreed upon and measurable service/recovery goals as well as appropriate strategies, resources, and outcome indicators to reach desired goals.	
Counseling – A collaborative process that facilitates the client's progress toward mutually determined treatment goals and objectives. Counseling includes methods that are sensitive to individual client characteristics and to the influence of significant others, as well as the client's cultural and social context.	
Service Coordination – The administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies and other resources together to focus on issues and needs identified in the treatment plan. Service Coordination, which includes case management and client advocacy, establishes a framework of action for the client to achieve specified goals.	
Professional Responsibility and Ethics – The obligations of a mental health professional to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.	
Total Hours	

"I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant)

"By my signature I acknowledge that, to the best of my knowledge, the above material is true."

Signature

Date

Recommendation for Certification Form

Directions: Thank you for taking the time to provide a reference and recommendation for certification to this applicant as he or she applies for the Florida Certification Board's Certified Mental Health Professional credential. Your feedback is a critical component of the application process and is greatly appreciated.

1. Please read the Description of the Role, as provided below. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this in mind, please complete the Recommendation for Certification Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.
2. Please return the completed form to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, Florida, 32301. Please DO NOT return the completed form to the applicant.
3. If you have any questions please contact our office at 850-222-6314.

Description of Role:

The Certified Mental Health Professional is an unlicensed practitioner who possesses competency in providing direct services in mental health inpatient settings. The role of the Certified Mental Health Professional includes, but is not limited to:

- Performing screening and assessment activities with service recipients.
- Focusing on person-centered services and recovery plans.
- Establishing a helping relationship with and encouraging the service recipient to become actively involved in his/her treatment.
- Coordinating referral and case management activities.
- Working in a professional and ethical manner.

**Only NON-RELATIVES may provide recommendations.
Please do not complete this form if you are in any way related to the applicant.**

Recommendation for Certification Form (continued)

Section 1:

Please describe the nature of your relationship with the applicant and describe why you believe the applicant would be successful in the role of a Certified Mental Health Professional.

Section 2:

"I hereby certify that I have been in a position to observe and have first hand knowledge of

(Name of Applicant)

By my signature I acknowledge that the above material is true, to the best of my knowledge, and that I recommend this applicant for certification."

Relationship to Applicant

Printed Name () Phone Number

Signature Date

Recommendation for Certification Form

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Relationship to Applicant

Printed Name

Phone Number

Signature

Date

Recommendation for Certification Form

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Relationship to Applicant

Printed Name

Phone Number

Signature

Date



*Protecting the Citizens
of Florida*

**Certified
Mental Health
Professional
(CMHP)**

1715 South Gadsden Street, Tallahassee, FL 32301
(850) 222-6314 | (850) 222-6247 fax
www.flcertificationboard.org