

Certified Addiction Professional Work Experience Verification Form

Directions

Thank you for taking the time to assist the applicant named above to verify and document his or her related work experience in pursuit of the Certified Addiction Professional (CAP) designation.

Please carefully read the Description of a Certified Addiction Professional and the Related Work Experience Requirement as listed below. If you have any question as to whether or not specific duties or tasks are eligible to meet Certified Addiction Professional Related Work Experience Requirements, please contact our offices directly at 850-222-6314.

To document the applicant's related work experience you must complete this form in its entirety and attach supporting documentation describing the duties and tasks performed by the applicant, such as a position description. In the absence of an official position description, a narrative and listing of duties written on agency letterhead may be provided.

Please do not ask the applicant to complete any part of the form, except Part 1. It is FCB policy that this form is completed by the applicant's employer's personnel officer or designee only.

Upon completion, please submit the form and supporting documentation directly to the FCB via mail or email: the FCB will not accept Work Experience Verification documentation completed and/or submitted in part or whole by the applicant.

Mail:

Florida Certification Board
Attn: Certification Operations
1715 South Gadsden Street
Tallahassee, FL 32301

Email: admin_assist@flcertificationboard.org

Subject Line: Work Experience Verification (applicant name)

If the FCB has assigned a certification specialist to the applicant, please use that person's email address in lieu of the "admin_assist" email for document submission.

Description of a Certified Addiction Professional (CAP)

A Certified Addiction Professional (CAP) designation is a professional substance abuse credential for those persons who have demonstrated competency in the performance domains of Clinical Evaluation; Treatment Planning; Counseling; Case Management and Referral; Client, Family and Community Education; Documentation; and Ethical and Professional Responsibilities. Individuals holding the CAP are recognized/hold the practice rights of a "qualified professional" per Chapter 397, F.S.

Related Work Experience Requirements

6,000 hours of direct experience performing addiction-related services at the level expected of a CAP.

All experience must be paid, work experience. Volunteer experience or experience spent participating in treatment are not eligible for certification purposes.

All experience must have been gained within the last 10 years.

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Part 1: To be completed by the applicant prior to providing to the employer for completion.

Applicant Information. Please list your employment history for which you are requesting credit for certification and verification by your employer. Report employment dates in the following format: May 2009 – Aug 2011. Use a separate form for each position and/or employer.

Applicant Name: _____
Employer: _____
Type of Position (select all that apply): Full-time Part-time
Position Title: _____
Employment Dates: _____
Immediate Supervisor: _____

Part 2: To be completed by the personnel officer or designee only.

Section A: Verifier's Information

Last Name	First Name
Title	Employer
Employer Webpage Address	Business Phone
Work Address Line 1	
Work Address Line 2	
City	State
Zip code	County

Section B: Experience Attestation

I have read and understand the on-the-job experience requirements for Addiction Professional (CAP) certification. The following information can be verified by employment records maintained by the agency.

Applicant's Position Description Attached? Yes No*

*If no, please attach a written description of the applicant's duties on agency letterhead.

Applicant's Dates of Employment: _____

Type of Position (select all that apply): Full-time Part-time

Average number of hours per week providing related services: _____

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

Signature _____
Date