

DIRECTIONS

This form allows for documenting FCB approved single-source training hours as required for the credential you are applying for. This form may not be completed for multi-source training hours. The applicant completes all required fields of data on the *Training Verification Form* and uploads the completed form and a copy of the single-source training certificate to their online application prior to submitting.

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

If submitting by hard copy, please attach a copy of the single-source training certificate to the completed *Training Verification Form* and send as instructed below. The single-source training certificate must be attached with the form.

Mail: Florida Certification Board Email: Certification Specialist's email or

Attn: Certification Operations admin_assist@flcertificationboard.org

1715 South Gadsden Street Fax: 850-222-6247

Tallahassee FL 32301 Subject Line: Training Verification (applicant name)

REQUIREMENT

Content Specific Training Requirement	Training must meet the specified performance domains and hours as stated in the specific credential's <i>Standards and Requirements Table</i> . See www.flcertificationboard.org for specific requirements. Single-source training for any credential must be approved by FCB as a single-source provider for the complete number of hours required for certification.
Supporting Documentation	Training documentation must be a certificate from a FCB single-source provider and must contain the following information: Applicant Name; Title of Course/Training/Educational Event; Event Sponsor/Provider; Delivery Date(s); and Number of Contact Hours. Please note the Approved Single-Source Training Verification Form may not be used for multi-source training hours or college coursework. Eligible training must be taken from a FCB Single-Source Approved Education Provider within the last 10 years. Eligible Training Providers are listed on FCB's website at www.flcertificationboard.org under Education & Training.

APPLICANT NAME:	EMAIL ADDRESS:
CREDENTIAL APPLYING FOR:	

Training Requirement: Must meet specified credential's training hour requirement on one certificate and be from a FCB approved single-source provider.

Title of Training	Training Provider	Date of Training	Training Hours Awarded	Type of Documentation Attached	FCB Use Only
Example: Foundations of Case Management	ABC Case Management Academy	12/1/2018	<i>50</i>	Certificate of Completion	