

Name of Applicant \_\_\_\_\_



# FLORIDA ACADEMY OF COLLABORATIVE PROFESSIONALS



## APPLICATION FOR ACCREDITATION COLLABORATIVE PROFESSIONAL: MENTAL HEALTH

**Introduction:** This application is for use by mental health professionals applying for accreditation by the Florida Academy of Collaborative Professionals (“FACP”) as an Accredited Collaborative Professional: Mental Health. An applicant seeking such accreditation must meet and continue to satisfy the requirements for accreditation presently and hereinafter established by the FACP. The requirements for accreditation can be found on the Members page of the FACP website: [www.collaborativepracticeflorida.com](http://www.collaborativepracticeflorida.com) .

### 1. Applicant Information:

- a. Full Name of Applicant: \_\_\_\_\_
- b. Practice Name: \_\_\_\_\_
- c. Business Address: \_\_\_\_\_  
\_\_\_\_\_
- d. Business Telephone: \_\_\_\_\_
- e. Mobile Telephone: \_\_\_\_\_
- f. Business Email: \_\_\_\_\_
- g. Website URL: \_\_\_\_\_

### 2. Memberships:

#### 1. Practice Group Membership

The applicant is currently a member in good standing of the following Practice Group(s). Please list all Practice Groups in which you are a member. Send the approved FACP letter, Form A, found at the end of this application, to the Practice Group President/Treasurer of one only group if you belong to multiple Groups.

Practice Group Name: \_\_\_\_\_

Practice Group Name: \_\_\_\_\_

Practice Group Name: \_\_\_\_\_

#### 2. IACP Membership:

The applicant certifies that he/she is currently a member of the International Academy of Collaborative Professionals (“IACP”). The applicant must provide proof of membership such as a copy of the dashboard page from the IACP website.

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**3. Licensure or Professional Certification:**

- a. Place a checkmark by all that apply and add your Florida license number and date of licensure.

Type of license	Check Here	License No.	Date of Licensure & Chapter 490 or 491
Licensed Clinical Social Worker			
Licensed Marriage and Family Therapist			
Licensed Mental Health Counselor			
Licensed Psychologist (Psy.D., Ed.D., Ph.D.)			

The applicant certifies that her/his license is currently active and in good standing in all states in which the applicant is licensed to practice, (or was in good standing at the time any license may have been voluntarily surrendered), currently has an active license in good standing with one of the Florida Boards listed above, and has had an active license in good standing for at least the three (3) years preceding the date of this application.

**b. Parenting Coordination:**

The applicant certifies that she/he meets the qualifications described in Florida Statutes Section 61.125. Please provide a copy or photo of the certificate of completion of the 24 hour required training.

**4. Training and Education in Collaborative Practice:**

The applicant must complete all of the following trainings and provide proof of completion with a copy of your Certificate of Completion or CE Broker transcript:

- a. **Introductory Training:** The applicant has completed at least one (1) fourteen (14) hour Introductory Interdisciplinary Collaborative training that meets the IACP's Minimum Standards for Introductory Interdisciplinary Collaborative Practice Trainings.

Date of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

- b. **Ethics Training:** The applicant has completed a minimum of three (3) hours of training in the ethics of working as a Collaborative Mental Health Professional in addition to the Introductory training in 4 a., consistent with the FACP Collaborative Process Ethical Standards or IACP Minimum Ethical Standards for Collaborative Professionals, within the three (3) years prior to the date of this application.

Date of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

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**c. Additional Trainings:** The applicant has completed the following additional trainings beyond those provided in 4 a. and b. above. Please provide a copy of the certificate of attendance in each of the following areas:

**i. Basic Family Law:**

A minimum of a one (1) hour training in Basic Family Law:

Date of Training: \_\_\_\_\_

No. of Hours of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

**ii. Divorce-related Financial Matters:**

A minimum of a one (1) hour training in Divorce-related financial matters:

Date of Training: \_\_\_\_\_

No. of Hours of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

**iii. Domestic Violence Training:** The applicant has completed each of the following:

**a.** Three (3) hours of training in domestic violence, screening for suicide and other at-risk behaviors:

Date of Training: \_\_\_\_\_

No. of Hours of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

**b.** One and one-half (1½) hours of training in domestic violence (intimate partner violence) in Collaborative Practice:

Date of Training: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Trainers: \_\_\_\_\_

**d. Additional Training:** Please provide copies of the certificate of attendance to document that the applicant has completed an additional fifteen (15) hours of training in the aggregate beyond those listed above, in any of the following subjects:

- i.** Interest-based negotiation
- ii.** Communication skills
- iii.** Conflict resolution
- iv.** Advanced mediation skills
- v.** Advanced Collaborative training
- vi.** Family Systems Theory

Program/Course Title	Date	Location	Hours	Trainer/Sponsor	Indicate which subject (i – vi)



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- 5. Experience in Collaborative matters:** The applicant shall have successfully completed five (5) Collaborative matters as part of a Collaborative team. The Collaborative matters submitted must be documented by an affidavit (Form B – Documentation of Completed Collaborative Matters found at the end of this application) for each matter, signed by all the professional participants. A completed Collaborative matter means that a Participation Agreement was signed, and a final judgment was entered by a judge, magistrate or hearing officer, or the matter was resolved with a signed agreement, such as a Settlement Agreement or a Prenuptial Agreement.

Please indicate which number of matters you are providing information on by initialing one of the boxes below.

Initials

I am submitting documentation of participation in five (5) Collaborative matters.

Initials

I am submitting documentation of participation in fifteen (15) Collaborative matters in lieu of a mediation training.

- 6. Peer References:** The Credentialing Committee will contact at least four (4) professionals listed on your submitted matter affidavits to obtain confidential references. None of the individuals listed in the affidavits may be related to the applicant by blood, marriage, or civil union, or be a current professional partner or associate of the applicant. The information obtained from the references will remain confidential and will not be shared with the applicant.

**7. Disciplinary and Grievance Matters:**

- a. Has your license to practice been suspended or have you been reprimanded or otherwise disciplined by your licensing Board in Florida or any other state Board?

Initials

Yes

Initials

No

If yes, provide full details and attach all written evidence of dismissal or other disposition on an attachment to the application (as allowed by state rules and laws).

- b. Have you been convicted, given probation or fined for a felony crime?

Initials

Yes

Initials

No

If yes, provide full details and attach all relevant documentation. Please answer “yes” regardless of: (1) whether the conviction resulted from a plea of guilty or nolo contendere; (2) whether the conviction resulted from a verdict after trial or otherwise; or (3) whether an appeal is currently pending. FACP reserves the right to conduct a criminal background check if the Credentialing Committee so requests.

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**Note: Failure to enclose all required documentation will delay the processing of this application.**

**8. Covenants and Representations:**

- a. I have read the FACP Credentialing Policies and Procedures and the FACP Ethics Standards regarding accreditation.
- b. I certify that I am fully qualified for accreditation and I know of no reason why I am not entitled to accreditation.
- c. I agree that I will surrender any accreditation certificate held by me upon revocation of my accreditation by FACP, my resignation or failure to re-accredit. I agree that in the event my accreditation is suspended, revoked or not renewed, I will immediately cease holding myself out in any manner as accredited by FACP and will remove my accreditation badge from all public display.
- d. I agree to supply all relevant documents, records and other information that may be requested from me in the consideration of my application.
- e. I agree to be bound by the Standards, Policies and Procedures of the FACP Credentialing Committee and the FACP Collaborative Process Ethical Standards, as they may be modified from time to time.
- f. I agree to timely pay all fees required by the FACP.
- g. I agree that the courts of the State of Florida shall have exclusive jurisdiction over any controversy, claim, dispute or legal action arising from my application, my accreditation by FACP, or any actions that may be taken by the FACP, its officers, directors or volunteers.
- h. I hereby certify that I have carefully reviewed this application, have personally made each statement and representation herein and have answered each question fully and frankly and without concealment or reservation.
- i. The responses contained in this application are within my person knowledge.
- j. I certify that all statements in this application are true and accurate.

By signing below, I \_\_\_\_\_ hereby certify that I have read the Covenants and Representations stated in paragraph eight (8) and certify the statements therein.

Signed by: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**Form A – Affidavit to Practice Group President or Treasurer**

[Name of Applicant] \_\_\_\_\_ is applying for accreditation as an Accredited Collaborative Professional: Mental Health, to the Florida Academy of Collaborative Professionals (“FACP”). The FACP requires completion of the form below by the President or Treasurer of one Practice Group of which the applicant is a member to certify that he/she is a member in good standing of that Practice Group and that the Practice Group has paid dues to the FACP on behalf of the applicant. The applicant is responsible to provide this form to FACP with their application so please return the completed form directly to the applicant, not FACP. Thank you.

For completion by Practice Group President or Treasurer:

By signing below on behalf of the \_\_\_\_\_ Practice Group, I hereby certify that \_\_\_\_\_ is a member in good standing of the Practice Group and that all required FACP dues for the applicant have been paid.

Signed by: \_\_\_\_\_

Print name: \_\_\_\_\_

Office: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

**Form B – Documentation of Completed Collaborative Matters**

If you have met the requirement of forty (40) hours of mediation training, please provide proof of five (5) successfully completed Collaborative matters by obtaining signatures from the other members of the professional team for each of those matters. If you have not taken the required mediation training, please provide affidavits for 15 successfully completed Collaborative matters. Please provide a separate Form B for each matter.

Matter Identification \_\_\_\_\_ Type of Collaborative matter \_\_\_\_\_  
(name/case #) (dissolution/ pre-nuptial/ other)

Signature for Attorney #1: \_\_\_\_\_

Print Name for Attorney #1: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature for Attorney #2: \_\_\_\_\_

Print Name for Attorney #2: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature for Neutral Facilitator: \_\_\_\_\_

Print Name for Neutral Facilitator: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature for Neutral Financial Professional: \_\_\_\_\_

Print Name for Neutral Financial Professional: \_\_\_\_\_

Date of Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please note that any of the professionals listed above may be contacted by the FACP Credentialing Committee for a reference and that information will be held confidential and not released to the applicant.



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**Form C– Applicant Authorization for Release of Information**

To all mental health associations, mental health regulatory entities, professional regulatory agencies, lawyers, Collaborative mental health professionals, Collaborative financial professionals and any other individuals or entities who have knowledge or information pertinent to my application for credentialing with the Florida Academy of Collaborative Professionals (“FACP”):

I hereby authorize and request the release of information and records referred to in my application for accreditation directly to the Florida Academy of Collaborative Professionals. This information will be used for the purpose of determining my eligibility and qualification for accreditation as an Accredited Collaborative Professional: Mental Health.

This Authorization will be valid for one (1) year after I have executed it.

A copy of this Authorization is as effective as the original.

Applicant’s signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Applicant \_\_\_\_\_

### Form D – Release of Liability

In making and filing this application, I authorize all persons, corporations, associations, organizations, state and federal agencies and instrumentalities (including boards of professional responsibility, references, business and professional associates and Collaborative professionals) identified in my FACP Application for Accreditation to furnish to the FACP, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the review of the Application. I specifically waive any right to review any confidential statement of reference made to the FACP. I agree that upon its submission to the FACP, this application shall become and remain the property of the FACP, and that pursuant to the Credentialing Policies of the FACP, the official record of this application shall be maintained solely in digital media.

I hereby release, discharge and exonerate the FACP, its officers, directors, members, agents, employees and representatives (collectively the “FACP”), and any and all persons or agencies furnishing information, opinions or evaluations to FACP in connection with this application, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or out of the furnishing of such information, whether communicated orally or in writing. I agree to defend or pay the costs of defense, at the discretion of the FACP, for any suit or claim related to this application, and to indemnify the FACP for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my accreditation by the FACP.

I further waive all claims that I may have now or in the future that may arise with respect to such information or its disclosure.

I hereby indemnify and hold harmless the Florida Academy of Collaborative Professionals from any and all liability arising from, or in any way related, to its investigation, processing and decision making with regard to my accreditation application.

I understand and agree that applying for accreditation does not necessarily mean that the Florida Academy of Collaborative Professionals will accredit me. I understand and agree that acceptance for accreditation as an Accredited Collaborative Mental Health Professional is within the sole discretion of the Florida Academy of Collaborative Professionals and its decision is final.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant’s Signature

Name of Applicant \_\_\_\_\_

### Form E – List of Requirements

- \_\_\_\_\_ Form A – Affidavit of Practice Group President or Treasurer
- \_\_\_\_\_ Certificate of Completion of 14 hours of Introductory Interdisciplinary Collaborative Training
- \_\_\_\_\_ Certificate of Completion/CE Broker transcript of 3.0 hours of Collaborative ethics training
- \_\_\_\_\_ Certificate of Completion/CE Broker transcript for 1 hour of Basic Family Law training
- \_\_\_\_\_ Certificate of Completion/CE Broker transcript for 1 hour of divorce-related financial matters
- \_\_\_\_\_ Certificate of Completion/CE Broker transcript for 3 hours of Domestic Violence, screening for suicide or other at-risk behaviors training
- \_\_\_\_\_ Certificate of Completion/CE Broker transcript for 1.5 hours of Intimate Partner/Domestic Violence in Collaborative Practice training
- \_\_\_\_\_ Certificates of Completion/CE Broker transcript for an aggregate of 15 additional hours of training in one or more of the following subjects
  - i. Interest-based negotiation
  - ii. Communication skills
  - iii. Conflict resolution
  - iv. Advanced mediation skills
  - v. Advanced Collaborative training
  - vi. Family Systems Theory
- \_\_\_\_\_ Certificate of completion of forty (40) hours of mediation training verified by the Florida Supreme Court Dispute Resolution Center or an equivalent body in another state OR the completion of fifteen (15) Collaborative matters with affidavits for each matter signed by all the professional members of each Collaborative team using Form B – Documentation of Completed Collaborative Matters
- \_\_\_\_\_ Certificate of Completion of 24-hour Parenting Coordination training
- \_\_\_\_\_ Form B - Documentation of completion of 5 (five) Collaborative matters with affidavits for each matter signed by all the professional members of each Collaborative team
- \_\_\_\_\_ Form C - Release of Information
- \_\_\_\_\_ Form D - Release of Liability