

FAMILY-BASED THERAPY EXAMINATION APPLICATION

DIRECTIONS/CHECKLIST – READ DIRECTIONS CAREFULLY

Prior to submitting your application to PCB, please review the following list to be sure you have included all the necessary documentation.

- Documentation of graduation from an approved Family-Based Therapy (FBT) training organization. The training
 organization must provide you a letter or certificate of completion to include with your application that includes
 the name of the training center and the beginning and completion date of the training.
- 2. Complete page 2 (Program Director signature is required).
- **3.** Complete the payment page (page 3). <u>If your agency is paying for your examination, please indicate that on the payment page. Applications will not be approved without payment.</u>
- 4. Complete and return **ONLY** pages 2 and 3 and include the letter or certificate from the training organization.
 - DO NOT submit your application until you have met ALL requirements.
 - If there are any problems with the application, you will be notified by email.
 - Keep a photocopy of the entire application for your records.
 - Applications can be mailed, emailed, or faxed. Please use only **ONE** method to submit your application.

EXAMINATION OVERVIEW

The successful completion of the PCB family-based therapy examination is required.

There are two options for taking the examination: an on-demand computer-based examination or a paper/pencil examination given regionally in Pennsylvania on limited dates/locations.

The examination consists of 75 multiple-choice questions. Once an application is approved, candidates will receive an email from PCB with instructions for choosing the format to take the examination.

One and a half (1.5) hours is the time permitted to complete the exam. The examination is based on the Content Outline developed in 2018. This document is available on the PCB website at www.pacertboard.org/FBT.

PCB APPLICATION FOR FBT EXAMINATION

Please type or print	only.
Date:	
Date of Birth:	□ Female □ Male □ Self-identify:
Name:	
	State: Zip:
Cell Phone:	Email: (REQUIRED)
Employer:	Position/Title:
Employer City:	Employer Zip:
Work Phone:	Ext:
Training Center: Training City:	 Center for Family Based Training Philadelphia Child and Family Therapy Training Center UPMC Western Psychiatric Hospital (formerly WPIC)
	ducation completed: □ Bachelor's degree □ Master's degree □ Doctoral degree
Ethnicity: Amer	rican Indian or Alaska Native Asian Black or African American Caucasian Hispanic Latino Hawaiian or Other Pacific Islander Not specified:
PROGRAM	DIRECTOR RECOMMENDATION
	I am recommending the above applicant to take the Family-Based Therapy examination. I also he fee for the examination is \$75 and the applicant will not be able to take their examination until the
Program Director (please print)	Name:
	Signature:
Date:	

PAYMENT INFORMATION

FEE OF \$75 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE): Personal Check Organization Check Money Order VISA MasterCard Discover American Express Checks & Money Orders made payable to PCB. NOTE: If your organization is paying for your application and payment is not included, you will be unable to take the examination until payment is made. Please be sure that your organization indicates what their payment is for and for whom if they are sending it separately. Number: _____ - ____ - ____ - ____ - ____ - ____ Sec. Code: _____ Exp. Date: _____ Name on Card: Billing address: _____ (If different than Home Address)

TO SUBMIT YOUR APPLICATION, CHOOSE ONLY <u>ONE</u> OF THE FOLLOWING METHODS:

Email for receipt (if paying by credit card only):

Mail:

PCB

298 S. Progress Avenue Harrisburg, PA 17109

Email:

info@pacertboard.org

Fax:

717-540-4458

<u>Please allow up to 5-10 business days for review and processing of your application.</u>

To confirm receipt of your application or check on the status, you must email info@pacertboard.org.