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.

1. 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 3 (Program Director signature is required).

3. Complete the payment page (page 4). If your agency is paying for your examination, please indicate that on the payment page. Applications will not be approved without payment.

4. Complete and return **ONLY** pages 3 and 4 and include the letter or certificate from the training organization.

TO SUBMIT AN APPLICATION, CHOOSE <u>ONE</u> OF THE FOLLOWING:

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109

2. **Email:** info@pacertboard.org *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*

3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email info@pacertboard.org.*

REVIEW & APPROVAL PROCESS

1. Application submitted to PCB. To confirm receipt of application, email PCB at the above email address.

2. Staff reviews application. Allow up to 10 business days for review and processing.

3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.

4. An application is considered approved when applicant receives an email from PCB to register for the examination.

5. Follow all instructions to register for the examination provided in the email.

6. If you have not heard from PCB regarding your application or received an email from PCB to register for the examination after 10 business days, email info@pacertboard.org.

7. Once you pass the examination, you will be mailed a certificate within 10 business days.

EXAMINATION OVERVIEW

TYPE OF EXAMINATION

The successful completion of the PCB FBT examination is required. There are two options for taking the examination:

1. attend an in-person paper and pencil examination at an approved testing location on pre-determined dates or
2. an on-*demand computer-based online examination*.

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.

TIME PERMITTED

One and one-half hours are permitted to complete the examination.

EXAMINATION CONTENT

The examination is based on the Content Outline developed in 2018. This document is available on the PCB website at www.pacertboard.org/FBT.

CANDIDATE GUIDE

The domains, including the task statements per domain, sample examination questions, and a list of references are included in the Candidate Guide. Candidate Guides are available from the PCB website.

SPECIAL SITUATIONS AND ACCOMMODATIONS

Individuals with disabilities and/or religious obligations that require modifications in examination administration may request specific procedure changes in writing with official documentation to PCB no fewer than 60 days prior to their examination date. Contact PCB on what constitutes official documentation. PCB will coordinate appropriate modifications to the examination process when documentation supports the need.

CANCELLATION/RESCHEDULING POLICY

Candidates are required to arrive on time for their paper/pencil examination. Candidates who arrive late will not be permitted to take the examination and will be charged a $75.00 cancellation/rescheduling fee. Candidates who cancel or reschedule their examination less than five days prior to their scheduled date will be charged the full examination fee. Candidates who cancel or reschedule more than five days before their scheduled date will be charged a $25.00 cancellation/rescheduling fee.

RETESTING

Candidates who fail the examination can retest after a 30-day wait period from the date of their last examination. Candidates will be sent instructions and fee information. Candidates have three (3) opportunities to retake an examination. If a candidate fails the examination four (4) times, they must submit a study plan to PCB and wait one-year from the date of the final failed examination before they will be permitted to retest again.

PCB APPLICATION FOR FBT EXAMINATION

Application can be completed and saved. You may then print the appropriate pages to submit to PCB.

<u>TYPE OR PRINT LEGIBLY</u>

Today's Date (mm/dd/yyyy)**:** _____

Applicant Name: _____

Date of Birth (mm/dd/yyyy): _____   **SSN** (*last four*): _____

CONTACT INFORMATION

Home Address: _____

City: _____   **State:** _____   **Zip:** _____

Cell Phone: _____

Primary Email: _____
                    *REQUIRED***: *PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.*

Secondary Email: _____

What is the highest degree or level of school you have completed?
(If you're currently in school, please check the highest degree you have completed.)
□ Bachelor's degree (e.g. BA, BS)
□ Master's degree (e.g. MA, MS, MEd)
□ Professional degree (e.g. MD, DDS, DVM)
□ Doctorate (e.g. PhD, EdD)

TRAINING CENTER INFORMATION

Training Center: □   Center for Family Based Training
                            □   Pennsylvania Clinical Training Institute
                            □   Philadelphia Child and Family Therapy Training Center
                            □   UPMC Western Psychiatric Hospital (formerly WPIC)
Training City: _____

PROGRAM DIRECTOR RECOMMENDATION

By signing below, I am recommending the above applicant to take the Family-Based Therapy examination. I also understand that the fee for the examination is $75 and the applicant will not be able to take their examination until the fee is paid to PCB.

Date: _____

Program Director Name: *(please print)* _____

Program Director Signature: _____

DEMOGRAPHICS *Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

What is your gender?
□ Female
□ Male
□ Nonbinary
□ Prefer to self-describe: _____
□ Prefer not to disclose

Do you identify as transgender?
□ Yes
□ No
□ Prefer not to disclose

How do you describe your sexual orientation or sexual identity?
□ Heterosexual or straight
□ Gay or lesbian
□ Bisexual
□ Queer
□ Questioning or unsure
□ Prefer to self-describe: _____
□ Prefer not to disclose

Which best describes you?
□ Asian or Pacific Islander
□ Black or African American
□ Hispanic or Latino
□ Native American or Alaska Native
□ White or Caucasian
□ Multiracial or Biracial (please specify): _____
□ Not listed (please specify): _____
□ Prefer not to disclose

What is your yearly income?
□ Less than $20,000
□ $20,000 to $34,999
□ $35,000 to $49,999
□ $50,000 to $74,999
□ $75,000 to $99,999
□ Over $100,000
□ Unsure
□ Prefer not to disclose

Do you have military experience?
□ Active duty
□ National Guard
□ Reserve
□ Veteran
□ Not Applicable

Language(s) spoken fluently (check all that apply)**:**
□ American Sign Language
□ Arabic
□ Chinese
□ English
□ French
□ German
□ Indigenous Language
□ Italian
□ Korean
□ Polish
□ Portuguese
□ Russian
□ Spanish
□ Tagalog (Filipino)
□ Vietnamese
□ Other, please specify: _____

Employment plans for the next two years *(check all that apply)*:
□ Obtain full time employment/Increase hours
□ Obtain part-time employment/Decrease hours
□ No change
□ Retire
□ Move to a different career/field
□ Unknown

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.

☐ My employer/organization is mailing payment directly 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)

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