

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 be approved without payment; however, examination scores will not be released until payment is received.
4. Complete and return **ONLY** pages 3 and 4 and include the letter 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 FBT examination is a 75-question multiple choice exam given in paper and pencil format. 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.

Dates and locations for when the examination is given will be provided to candidates **AFTER** they have applied for the FBT examination and had their application approved. No set exam dates, times or locations are posted nor will they be provided to anyone until a FBT application is approved.

You cannot sit for the examination until you have submitted your completed FBT application. You are not permitted to “show up” at an examination location until you have received an official email notice from PCB confirming you are scheduled for an examination.

If you arrive late for your examination, you will **NOT** be permitted to test. Photo ID will be required the day of your examination.

Examination results will be mailed to FBT candidates within 2-3 weeks after the examination is completed. Results will **NOT** be provided over the phone or email.

PCB APPLICATION FOR FBT EXAMINATION

Please type or print only.

Date: _____

Date of Birth: _____ Female Male Self-identify: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____
(REQUIRED)

Employer: _____ Position/Title: _____

Employer City: _____ Employer Zip: _____

Work Phone: _____ Ext: _____

- Training Center: Center for Family Based Training
 Philadelphia Child and Family Therapy Training Center
 UPMC Western Psychiatric Hospital (formerly WPIC)

Training Location: _____

Highest level of education completed: Bachelor's degree Master's degree Doctoral degree

Race (check all that apply): American Indian or Alaska Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander Latino Hispanic Caucasian Other: _____

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 scores will not be released to the applicant until the fee is paid to PCB.

Program Director Name: _____
(please print)

Program Director Signature: _____

Date: _____

PAYMENT INFORMATION

Fee of \$75 can be paid using one of the following:

Payment (circle one): Personal Check Organization Check Money Order VISA MasterCard Discover
Checks & Money Orders made payable to PCB.

NOTE: If your organization is paying for your application and payment is not included you will be able to schedule and sit for the examination; however, your scores will not be released until payment is received. Please be sure that your organization indicates what their payment is for if they are sending it separately. If they do not include that it is for your FBT examination it will delay the release of scores.

Credit Card Information:

Number: _____ - _____ - _____ - _____

Billing address: _____

(If different than Home Address)

3-digit code: _____ Exp. Date: _____ Name on Card: _____

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

TO SUBMIT YOUR APPLICATION, CHOOSE ONLY ONE OF THE FOLLOWING METHODS:

Mail:

PCB
298 S. Progress Avenue
Harrisburg, PA 17109

Email:

info@pacertboard.org

Fax:

717-540-4458

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

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