**DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION OF FULL ADULT FBT PROVIDER CURRICULUM**

Name of person completing Full Adult FBT Provider curriculum consistent with guidelines specified in FBT website maintained by Dr. Brad Donohue (http://familybehaviorther.wixsite.com/familytherapy) at the time of this provider's initiation of training:

_____

**To be completed by FBT Trainer upon curriculum completion. Check all that apply:**

__ 1. Completed Readiness Interview & Contracts w/ Trainer form.

__ 2. Provider indicated that step by step FBT training manual for adults published by John Wiley & Sons was read, and FBT training manual quiz was passed with at least a score of 80%.

__ 3. Participated in an initial 3.5-day FBT training workshop for providers by FBT trainer.

__ 4. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with FBT trainer within 4 months after the initial workshop.

__ 5. Participated in a 2nd 3.5-day FBT training workshop for providers by FBT trainer within 4 months.

__ 6. Fully attended at least 11 of the 14 weekly scheduled FBT consultation calls with FBT trainer between 4 and 8 months after the initial workshop.

__ 7. As per review of audio-tape sessions by trainer, conducted *at least* 12 sessions of FBT with one case while achieving at least 80% protocol adherence in both initial and future (if applicable) sessions for the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.

__ 8. As per review of audio-tape sessions by trainer, achieved at least 80% protocol adherence in the initial and future sessions for each of the following protocols: Agenda, Consequence Review, Treatment Planning, Reciprocity Awareness, Goals and Rewards, Environmental Control, Self Control, Positive Request, Job-Getting, Treatment Conclusion/Generalization.

__ 9. Participated in a 3rd 3.5-day FBT training workshop for providers by FBT trainer within 8 months of the initial workshop.

__10. Provided reliable protocol adherence feedback to a peer at least once during an on-going training meeting.

Having completed the aforementioned training curriculum under a qualified FBT trainer, and as the trainer of the above listed trainee, I certify that this person has completed the above tasks associated with Full Adult FBT Provider Curriculum as initiated on _____ 20____. I therefore consider this person has demonstrated Full Adult FBT Provider certification.

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Training Consultant Signature Date