DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION OF FULL ADULT FBT INTERNAL TRAINER CURRICULUM

Name of person completing Full Adult FBT Internal Trainer 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. Supervisor/internal trainee completed Full Adult FBT Training Curriculum.

__2. Supervisor/internal trainee completed .5 day workshop for supervisor/internal trainer training.

__3. Supervisor/internal trainee completed 2nd Adult FBT Trainer Workshop protocol as 2ndry trainer w/ FBT trainer conducting primary responsibilities (at least .80 protocol adherence).

__4. Supervisor/internal trainee completed 3rd Adult FBT Trainer Workshop protocol as primary trainer w/ FBT trainer assisting (at least .80 protocol adherence).

__5. Supervisor/internal trainee completed at least 1 session tape review of another provider w/ at least 80% reliability as confirmed by the trainer.

__6. Supervisor/internal trainee successfully led at least 1 on-going training meeting while being monitored by trainer.

Having completed the aforementioned training curriculum under a qualified FBT trainer, and as the trainer of the above listed supervisor/internal trainee, I certify that this person has completed the above tasks associated with Full Adult FBT Internal Trainer Curriculum as initiated on _____ 20____.

_____ _____

Training Consultant Signature Date