



Certified Telehealth Practitioner (CTP)
Work Experience Form for Licensed Professional in Independent

WORK EXPERIENCE REQUIREMENT

Within the five years before application for the CTP credential, applicants must have delivered ten (10) 30-minute telehealth sessions.

DIRECTION TO APPLICANTS

Complete this form.

Attach a redacted report from your telehealth delivery system/platform demonstrating the delivery of ten (10) or more thirty-minute sessions. The report must indicate the sessions were delivered in the five years before applying for the CTP credential.

Submit the completed form and supporting documentation to the Board at apps@nationalcertificationboard.com, or by fax to 850-222-6247, or through the US Mail: NCBHP ♦ 1715 South Gadsden Street ♦ Tallahassee, Florida 32301

APPLICANT INFORMATION

Applicant Name

Email address

Business Name

Business Phone Number

Mailing Address

City – State – Zip Code

By my signature below, I attest to the following information:

I have read and understand the Certified Telehealth Practitioner Work Experience Requirement for Licensed Professionals in private practice is the delivery of ten (10) 30-minute telehealth. Eligible telehealth sessions were provided within the five (5) years before application.

Name of Telehealth Delivery Platform/System: _____

By my signature, I attest that the information provided and attached to this form is true, and I consent to an interview to discuss the documentation if requested by Board staff.

Signature (NCBBHP accepts both manual and electronic signatures)

Date