

## APPLICATION INSTRUCTIONS

The initial application is a brief sketch of the professional's qualifications that is meant to be an assessment for review purposes. The manual is a recording and compilation of documents demonstrating competency in the knowledge and skills specifically related to the functions of a Certified Family Partnership Professional. This process includes validation from employers, supervisors, and trainers. An approved application means an applicant is eligible to sit for the Written CFPP examination.

1. Application forms must be neatly printed or typewritten.
2. Staple or paperclip your materials to keep them together. Do not place your application materials in binders, folders, report covers, etc.
3. Checks and money orders for \$75.00 should be made payable to ICB. All fees are non-refundable. No refunds will be given.
4. Make a photocopy of the entire completed application including all attachments for your records. Send the original copy of the application and copies of all other documents. **(FAXED applications will not be accepted!)**
5. Applications will not be reviewed until all sections are completed and signed where required. Applicants will receive written notification of any problems with the application.
6. It is the applicant's responsibility to notify ICB in writing of any changes to name, work/home address and work/home telephone numbers.
7. Applications in process will be held by ICB for one year and then destroyed if not completed, requiring reapplication.
8. ICB reserves the right to request further information from employers and other persons listed on the application forms.
9. Send completed application to:  
ICB  
401 East Sangamon Avenue  
Springfield, IL 62702

**APPLICATION FOR CFPP**

PLEASE PRINT OR TYPE

Name _____			
Last	First	Middle	Date of Birth / /
Home Address _____			
Apartment number (if applicable) _____			
City _____	State _____	Zip Code _____	
County _____	Home Telephone _____	Home Fax _____	
Email Address _____			
Employer Name _____			
Employer Address _____			
City _____	State _____	Zip Code _____	
County _____	Work Telephone _____	Work Fax _____	
I would like my mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Work Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female (Check only one box)			

**Please check one selection from each of the following areas:**

**Ethnic Origin**

- ☐ Caucasian  
☐ Black/African-American  
☐ Native American or Alaskan Native  
☐ Asian or Pacific Islander  
☐ Other

**Highest Education Level Completed**

- ☐ No High School Diploma or GED  
☐ High School Diploma or GED  
☐ Vocational Certification  
☐ Associate of Art  
☐ Associate of Science

- ☐ Bachelor of Arts  
☐ Bachelor of Science  
☐ Master's Degree  
☐ Doctorate

**Primary Work Setting – Areas of Experience (Paid or Volunteer)**

- ☐ Mental Health  
☐ Substance Abuse  
☐ Developmental Disabilities  
☐ MISA

- ☐ Rehabilitation  
☐ Child Welfare  
☐ Educational Setting  
☐ Juvenile Justice

- ☐ Medical  
☐ Early Childhood  
☐ Foster Care  
☐ Other \_\_\_\_\_

**Primary Population Served**

- ☐ Early Childhood (0-5)  
☐ Children (6-11)  
☐ Adolescent (12-16)  
☐ Transition-age (17-21)  
☐ Guardianship+ (22+)

**Please indicate if you hold any of the following certifications/board registrations:**

- ☐ CADC  
☐ CARS

- ☐ CRADC  
☐ CADP

- ☐ CSADC  
☐ CSADP

- ☐ CAADC  
☐ MISA I

- ☐ MISA II

**PLEASE NOTE: ICB, INC., RESERVES THE RIGHT TO REQUEST FURTHER INFORMATION FROM ALL EMPLOYERS AND OTHER PERSONS LISTED ON THE APPLICATION FORM. ICB, INC., AND ITS REVIEW COMMITTEES RESERVE THE OPTION TO REQUEST AN ORAL INTERVIEW WITH THE APPLICANT. THIS INFORMATION WILL BE USED STRICTLY TO EVALUATE THE PROFESSIONAL COMPETENCE OF THE CFPP AND WILL BE KEPT CONFIDENTIAL BY ICB, INC. FURTHER INFORMATION MAY BE REQUESTED IN ORDER TO VERIFY TRAINING, EMPLOYMENT, ETC. THIS INFORMATION IS NOT AVAILABLE TO OTHER PERSONS WITHOUT THE WRITTEN CONSENT OF THE APPLICANT.**

## WORK EXPERIENCE FORM

I hereby attest that the applicant is providing professional peer services to children and families at least 51% of his/her scheduled work/volunteer time.

The applicant minimally has primary responsibility for providing professional peer services to families whose children's emotional and/or behavioral challenges require accessing resources, services, and supports through multiple child-serving agencies, and is supervised by an individual who is knowledgeable in the Family Professional Performance Domains.

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Signature of Supervisor

Date

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Signature of Applicant

Date

To determine eligibility of current and previous employment/volunteer work, the following must apply to and be clearly documented by applicant:

You must be currently employed or volunteer providing professional peer services to children and families to be eligible for CFPP Certification.

Acceptable experience is when the applicant is spending 51% of his/her scheduled work/volunteer time providing professional peer services to children and families.

The applicant minimally has primary responsibility for providing professional peer services to families whose children's emotional and/or behavioral challenges require, accessing resources, services, and supports through multiple child-serving agencies, and is supervised by an individual who is knowledgeable in the Family Partnership Professional performance domains.

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**BE SURE TO ATTACH A JOB DESCRIPTION FOR YOUR CURRENT POSITION.** Job descriptions must be on agency letterhead and dated and signed by applicant and supervisor. All relevant former employment (paid or unpaid) must be verified by job descriptions from employers. Please reproduce this form as needed to record work or volunteer experience.

Position/title \_\_\_\_\_

Date Employed:

From \_\_\_\_\_ to \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

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Position/title \_\_\_\_\_

Date Employed:

From \_\_\_\_\_ to \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Application # \_\_\_\_\_

Position/title \_\_\_\_\_

Date Employed:

From \_\_\_\_\_ to \_\_\_\_\_ hrs. of work per week \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Place of Employment: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

**OTHER CERTIFICATIONS/LICENSES:** List any other certifications or licenses you hold, and the state in which the credential is issued; if credential is national, please note.

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All answers are correct to the best of my knowledge. I authorize any educational institution or, other body having knowledge of my academic status, to release information to the ICB regarding my status.

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Signature of Applicant

Date

## SUPERVISED PRACTICAL EXPERIENCE

**To Supervisor:** Please complete this form indicating applicant's supervised practical training. This form is not intended to document applicant's total number of hours worked, but rather the hours of supervision you have provided the applicant directly or indirectly. **PLEASE RETURN THIS FORM DIRECTLY TO ICB, 401 East Sangamon Avenue, Springfield, IL 62702.**

**Name of Applicant** \_\_\_\_\_  
(LAST) (FIRST) (MI)

**I hereby attest to the fact that I have provided the applicant supervision for the number of hours noted below.**

Realizing that supervision may take place in a variety of settings and have many faces, ICB determined not to place limiting criteria on qualifications of a supervisor. Rather, it was determined that supervision should be as broadly defined as in the **Center for Substance Abuse Treatment/Substance Abuse and Mental Health Services Administration's Technical Assistance Publication Number 21**. TAP 21 defines supervision/clinical supervision as: the administrative, clinical, and evaluative process of monitoring, assessing, and enhancing performance.

### Core Skill Areas:

## Advocacy

Professional Responsibility \_\_\_\_\_

## Mentoring

Family Support \_\_\_\_\_

Child and Adolescent Development...

**Signature of Supervisor**

Date \_\_\_\_\_

Name of Supervisor (Printed) \_\_\_\_\_

**Title of Supervisor**

Agency/Facility	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
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59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

## EDUCATION FORM

Please reproduce this form as needed to record all RELEVANT education. Be sure to attach documentation (i.e. transcripts, certificates) that supports participation. Lack of documentation will result in the inability to apply these hours toward certification.

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**Record of Education**
**Dates Attended** \_\_\_\_\_ **Clock Hrs/Credit Hrs** \_\_\_\_\_

**Courses/Program Title** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

**Briefly Describe the Content of Education** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics (   )	Performance Domains (   )	Core Functions (   )
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**Record of Education**
**Dates Attended** \_\_\_\_\_ **Clock Hrs/Credit Hrs** \_\_\_\_\_

**Courses/Program Title** \_\_\_\_\_

**Sponsoring Organization** \_\_\_\_\_

**Briefly Describe the Content of Education** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ethics (   )	Performance Domains (   )	Core Functions (   )
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**STATEMENT OF SELF-DISCLOSURE**

The Certified Family Partnership Professional (CFPP) is recognized as a direct service provider, with formal CFPP services responsibilities available to children and families. The CFPP at this level is expected to have knowledge of accessing resources, services, and supports from multiple child-serving systems. Following approved training, CFPPs at this level will be able to identify services and activities which build resilience; articulate points of their own parenting story that disclose challenges and obstacles that are faced by others and relevant to the client's recovery and resilience, and promote personal responsibility.

Additionally, the CFPP will follow the code of ethics.

**As a CFPP, an individual accepts and agrees that his or her experience as a parent of a child whose emotional and/or behavioral challenges required accessing resources, supports and services from multiple child-serving agencies will be known by his/her colleagues, children, families and others with whom s/he may share that s/he has achieved this certification. Additionally, a CFPP will follow the "Model Code of Ethics" outlined in the Illinois Certified Family Partnership Professional Model.**

**"I understand the terms stated above, and I accept and agree to these terms. I understand that, upon successful completion of the application and examination, I will be issued a certificate as a Certified Family Partnership Professional (CFPP) under the terms stated above."**

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**Signature**

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**Date**

## **ASSURANCE AND RELEASE**

The Illinois Certification Board (ICB) may request further information from all persons listed on the application form, in order to verify training, employment, etc. This information is not available to others outside the certification process without the written consent of the applicant.

**“I give my permission for the ICB Board and staff to investigate my background as it relates to information contained in this application for certification as a Certified Family Partnership Professional. I understand that intentionally false or misleading statements, or intentional omissions, shall result in denial or revocation of certification.”**

**“I consent to the release of information contained in my application file, and other pertinent data submitted to, or collected by the ICB, to officers, members, and staff of the afore mentioned board.”**

**“I further agree to hold the ICB, it’s officers, board members, employees, and examiners free from civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations, and/or the failure of ICB to issue certification.”**

**“I certify that I have read and subscribe to ICB, Inc.’s Code of Ethics for Certified Family Partnership Professionals.**

**“I further certify that my CFPP classification and status is public knowledge.”**

**“I hereby affirm that the information provided on this form is correct and that I believe I am qualified for the certification for which I am applying.”**

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**Signature of Applicant**

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**Date**

# CODE OF ETHICS FOR CERTIFIED FAMILY PARTNERSHIP PROFESSIONAL

## **Principle 1: Legal and Moral Standards**

The welfare and dignity of persons served are to be protected and valued above all else. CAPP's, in providing professional peer services, show respect and regard for the laws of the communities in which they work. They recognize that violations of legal standards may damage their own reputation and that of the CFP profession.

A code of ethics cannot guarantee ethical behavior. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community. Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged. CFPPs ethical behavior should result from their personal commitment to engage in ethical practice. The *Certified Family Partnership Professional Code of Ethics* reflects the commitment of all CFPPs to uphold the profession's values and to act ethically. Principles and standards must be applied by individuals of good character who discern moral questions and, in good faith, seek to make reliable ethical judgments. (Adopted from National Association of Social Workers Code of Ethics Preamble; 2008 Delegate Assembly.)

## **Principle 2: ICB CFPPs/Children and Family Relationships**

In the provision of mental health Family Partnership Professional services, ICB Certified FPPs shall establish and maintain professional/consumer relationships characterized by professionalism, respect, and objectivity.

- a. CFPPs shall not enter into family partnership relationships with members of their own family, with close friends, with persons closely connected to them or others whose welfare might be jeopardized by such a dual relationship.
- b. CFPPs shall ensure that services are offered in a respectful manner and in an appropriate environment.
- c. CFPPs shall not charge or collect a private fee or other form of compensation for services to children and families who are charged for those same services through the agency that employs the CFPP. CFPPs shall not engage in fee splitting.
- d. CFPPs must not use any relationship with an individual they serve to promote personal gain, or the profit of an agency or commercial enterprise of any kind.
- e. CFPPs shall avoid continuing a relationship for personal gain or satisfaction beyond the point where it is clear that the individual being served is no longer benefiting from the relationship.

- f. CFPPs shall not give or receive a fee, commission, rebate, or any other form of compensation for the referral of consumers.
- g. CFPPs shall not abandon or neglect consumers and shall assist in making appropriate arrangements for the continuation of treatment, if appropriate, following termination, of services.
- h. If CFPPs determine an inability to be of professional assistance to an individual, they shall either avoid initiating the Family Partnership relationship or immediately terminate that relationship. In either event, CFPP's shall be knowledgeable about referral resources and suggest appropriate alternatives. If the individual declines the suggested referral, CFPPs are not obligated to continue the relationship.
- i. CFPPs shall terminate a family partnership relationship, securing the individual's agreement when possible, when it is reasonably clear that the individual is no longer benefiting, when services are no longer required, when services no longer serve the needs or interests of the individual, or when the individual does not pay the fees charged by the CFPP (or their agency).
- j. In promotional and marketing activities for services, CFPPs shall respect the dignity and confidentiality of the individuals they serve.
- k. CFPPs shall not engage in any sexual relationship, conduct or contact with consumers during the time of the Family Partnership relationship or for at least one year thereafter, or if the consumer or former consumer becomes or remains "Emotionally dependent" on the Family Partnership Professional (counselor) [as defined under Illinois Law at 740 ILCS & 140/1 (a)]. CFPPs in all instances shall not engage in any sexual relationship, conduct or contact through means of any therapeutic deception.

### **Principle 3: Non Discrimination**

CFPPs must not discriminate against individuals based on race, religion, age, sex, disability, ethnicity, national ancestry, sexual orientation or economic condition.

### **Principle 4: Competence**

The CFP Professional's responsibility is to provide competent professional services.

- a. CFPPs shall not offer services outside the boundaries of the CFPP competencies (Performance Domains) unless otherwise educated and trained, licensed or certified.
- b. CFPPs shall not offer services outside their range of competency.

### **Principle 5: Confidentiality**

CFPPs shall preserve, protect, and respect the right to confidentiality of the persons they serve.

- a. CFPPs shall comply with the federal and state laws, rules, and regulations pertaining to confidentiality. In addition, the CFPP is expected and required to comply with the protocol of the employing agency.

- b.** CFPPs shall guard professional confidences and shall reveal such confidences only in compliance with the law or only when there is a clear and imminent danger to an individual or society.
- c.** CFPPs must inform the consumer and obtain agreement in areas likely to affect the consumer's participation, including the recording of an interview, the use of interview material for training purposes and observation of an interview by another person.
- d.** CFPPs must discuss the information obtained in clinical or consulting relationships only in appropriate settings and only for professional purposes clearly concerned with the case. Written and oral reports must present only data germane to the purpose of the evaluation and every effort must be made to avoid undue invasion of privacy.
- e.** CFPPs must use clinical and other material in classroom teaching and writing only when the identities of the persons involved are adequately disguised.
- f.** The general requirement that CFPPs keep information confidential does not apply when the best interests of consumers, welfare of others, obligations to society, or legal requirements demand that confidential information be revealed. CFPPs consult with other professionals when they are unsure of whether an exception to confidentiality exists.
- g.** Before confidential information is disclosed over the client's objection because of legal requirements, CFPPs shall request to the court that the disclosure not be required and explain why disclosures are harmful to consumers. Steps are taken to limit the extent of the unwanted disclosure. A CFPP shall not, however, be obligated to violate any state or federal law, or the order of competent jurisdiction.
- h.** When circumstances require the disclosure of confidential information, only information that is essential is to be revealed. To the extent possible, consumers are to be informed before confidential information is disclosed.
- i.** At the beginning of the Family Partnership Professional relationship, CFPPs discuss the relevant limitations of confidentiality and the foreseeable uses of information generated through support services with persons served.
- j.** CFPPs shall explain the fact that confidentiality cannot be guaranteed in group settings and communicate that clearly to group members.

## **Principle 6: Inter- Professional Relationships**

CFPPs shall establish and maintain professional relationships characterized by respect and mutual support.

- a. CFPPs shall establish and maintain professional relationships with the persons they serve.
- b. CFPPs shall respect the confidences shared by other colleagues/ professionals with respect to the persons they serve.
- c. CFPPs shall not knowingly solicit the consumers of other colleagues/ professionals.
- d. CFPPs shall not knowingly withhold information from colleagues/professionals, appropriately released by the consumer, that would enhance their treatment effectiveness.
- e. CFPPs shall not knowingly accept for treatment a person who is receiving services from another professional except by agreement with that worker or after the termination of the case by that worker.
- f. When working in a treatment team with other professionals, CFPPs will not abdicate their responsibility to protect and promote the welfare and best interests of the person served.
- g. When working within a treatment team, CFPPs shall work to support, not damage or subvert, the decisions made by the team.

### **Principle 7.1: When making recommendation for positions, advancements, certification, etc., CFPPs shall consider the welfare of the public and the profession above the needs of the individual concerned.**

- a. CFPPs shall not use another professional as a reference without first obtaining that person's permission.
- b. CFPPs shall not lead a person to believe that he/she will receive a favorable recommendation when, in fact, such a recommendation will not be given.

### **Principle 7.2: CFPPs shall establish and maintain an employer/employee relationship characterized by professionalism and respect for the agency's rules of operation.**

### **Principle 7.3: CFPPs shall strive at all times to maintain high standards in the services they offer.**

- a. The maintenance of high standards of competency is a responsibility shared by all CFP Professionals
- b. In circumstances where CFPPs violate ethical standards, it is the obligation of all CFPPs who know first hand of their activities to attempt to rectify the situation. If such attempts fail, CFP Professional shall promptly notify the ICB Executive Director.

**Principle 7.4: CFPPs respect their professional status and standing.**

- a. CFPPs shall not misrepresent their qualifications and affiliations.
- b. CFPPs shall not aid or abet a person not duly certified as a CFP Professional in representing himself/herself as a CFP Professional, or at a classification which is not true.

**Principle 7.5: CFPPs have an obligation to see that Family Partnership services are done by qualified, competent persons. Constructive efforts to achieve competent services, such as certification, deserve support.**

- a. CFPPs shall submit accurate and honest information to ICB for the purpose of obtaining, maintaining and recommending someone for certification.

**Principle 7.6: In the conduct of research, CFPPs should adhere to high standards and follow appropriate scientific procedures.**

**Principle 7.7: When CFPPs accept the responsibility of teaching or of supervising CFPP's, they should discharge these responsibilities with the same regard for standards required of all other professional activities.**

**Principle 7.8: As authors or editors, CFPPs shall adhere to high standards abiding by the traditions established in the academic arena.**

- a. CFPPs must acknowledge and document materials and techniques used.
- b. CFPPs who conduct training in Family Partnership service skills or techniques must indicate to the audience the requisite training and qualifications required to properly perform these skills and techniques.
- c. CFPPs must recognize joint authorship and major contributions of a professional character made by several persons to a common project. The author who has made the principle contribution to a publication must be identified by being listed first.
- d. CFPPs must acknowledge in footnotes or introductory statement minor contributions of a professional character, extensive clerical or similar assistance and other minor contributions.
- e. CFPPs must acknowledge, through specific citations, unpublished, as well as published, material that has directly influenced the research or writing.
- f. CFPPs who compile and edit for publication the contributions of others must list oneself as editor, along with the names of those others who have contributed.
- g. CFPPs must define for self and others the nature and direction of loyalties and responsibilities and keep all parties concerned informed of these commitments.
- h. CFPPs must not use a consumer in a demonstration role in a workshop setting where such participation would potentially harm the consumer.

**Principle 8: Resolving Ethical Issues**

- a. CFPPs shall take appropriate action when they possess information that raises doubts as to whether another CFP professional is acting in an ethical manner.

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**PERSONAL STATEMENT**

**As a Certified Family Partnership Professional, I shall strive at all times to maintain the highest standards in all services I provide, valuing competency and integrity over expediency or ability, providing services only in those areas where my training and experience meet established standards. I shall always recognize that I have assumed a heavy social and vocational responsibility due to the intimate nature of my work, which touches the lives of other human beings.**

**My signature below indicates my agreement with and willingness to abide by this Code of Ethics.**

\_\_\_\_\_  
**NAME**

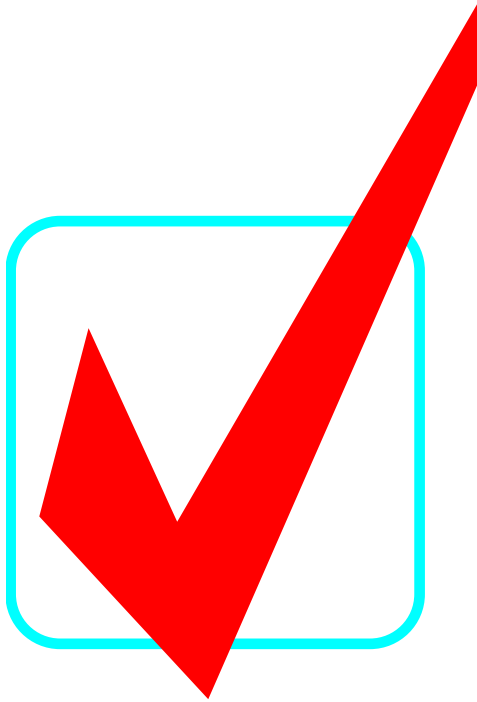
\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**NOTARY STAMP**





## CFPP Application Checklist

The following should be included in your CFPP Application:

- \_\_\_\_\_ Application information
- \_\_\_\_\_ Employment forms including all documentation. These forms include a job description on agency letterhead signed and dated by applicant and supervisor.
- \_\_\_\_\_ Supervisor form completed by your supervisor.
- \_\_\_\_\_ Education forms including all documentation.
- \_\_\_\_\_ Statement of Self-Disclosure signed and dated by applicant
- \_\_\_\_\_ Assurance and Release signed and dated by applicant.
- \_\_\_\_\_ Code of Ethics signed, dated and notarized.

When application is complete, send all materials to ICB, 401 East Sangamon Avenue, Springfield, IL 62702. **Applications will not be accepted by fax.**