

**DOCUMENTATION FORM FOR SUCCESSFUL COMPLETION  
OF FULL ADOLESCENT FBT INTERNAL TRAINER CURRICULUM**

Name of person completing full adolescent FBT internal trainer curriculum: \_\_\_\_\_

**To be completed by certified FBT Trainer at the end of the consultation period. Check all that apply:**

- 1. Provider completed Full Adolescent FBT Training Curriculum.
- 2. Provider completed .5 day workshop for supervisor training.
- 3. Provider completed 2<sup>nd</sup> Adolescent FBT Trainer Workshop protocol as 2ndry trainer w/ national FBT trainer (at least .80 protocol adherence).
- 4. Provider completed 3rd Adolescent FBT Trainer Workshop protocol as primary trainer w/ national FBT trainer (at least .80 protocol adherence).
- 5. Provider completed at least 1 session tape reviews w/ at least 80% reliability w/ the provider who conducted the respective session or the national trainer.

Provider completed all requirements above, thus successfully completing the FBT internal training curriculum for Adolescent FBT.

\_\_\_\_\_  
Certified National FBT Training Consultant Signature

\_\_\_\_\_  
Date