

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

Name of person completing full adult FBT training curriculum: _____

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

- 1. Provider completed Full Adult FBT Training Curriculum.
- 2. Provider completed .5 day workshop for supervisor training.
- 3. Provider completed 2nd Adult FBT Trainer Workshop protocol as 2ndry trainer w/ national FBT trainer (at least .80 protocol adherence).
- 4. Provider completed 3rd Adult 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 Adult FBT.

Certified National FBT Training Consultant Signature

Date