



## Application for Advanced Level CFP Certification

**Fee of \$15 applies. Please wait to be invoiced by Via Hope after approval of application.**

<b>Date of Request:</b> _____ <b>Reviewer:</b> _____	<b>Approved:</b> _____ <b>Not Approved:</b> _____ <b>Approved by:</b> _____ <b>Date of Decision:</b> _____
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### Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: TX      Zip: \_\_\_\_\_      Email : \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_      Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

### Required Information to Process Application

Month and Year First Certified: \_\_\_\_\_

(At least four years are required to qualify for Advanced Level Certification.)

Via Hope Endorsements completed (including serving as a trainer). At least two of the three must be completed for Advanced Level Certification.

Please indicate the date you completed or trained each endorsement:

- |                             |                                      |                                  |
|-----------------------------|--------------------------------------|----------------------------------|
| 1. Special Education: _____ | Participant <input type="checkbox"/> | Trainer <input type="checkbox"/> |
| 2. Wraparound: _____        | Participant <input type="checkbox"/> | Trainer <input type="checkbox"/> |
| 3. Juvenile Justice: _____  | Participant <input type="checkbox"/> | Trainer <input type="checkbox"/> |

*Via Hope invests in people and organizations who want to re-envision mental health, through workforce development, community building, system transformation, and leadership development.*



Please initial that you have acquired at least 40 CEU hours as required for Advanced Level Certification since initial Certification as a family partner. \_\_\_\_\_

Please initial to confirm that you have had no disciplinary actions at the agency resulting in a verbal or written plan of improvement in the last 12 months. \_\_\_\_\_

Please initial that you agree to contact the Via Hope CFP Coordinator within 14 days of receiving any formal notification of disciplinary action. \_\_\_\_\_

Please initial that you have attached one letter of recommendation \_\_\_\_\_  
(This is in addition to the endorsement of agency supervisor. The letter must be from a supervisor or Master Level CFP. For those in contract or in private service provision, a second letter of recommendation may be substituted for a letter from supervisor).

**Committees and Activities Demonstrating Acquisition of Leadership Skills**

Advanced Level Certification applicants must have served or be currently acquiring leadership skills as a CFP leader in Texas and/or their agency. Some examples include but are not limited to being a current or past member of the CFP Advisory Council; a trainer or apprentice for Via Hope trainings; chair or vice chair of CRCG; mentorship or Director/Lead of other CFPs (must be documented in letter of recommendation); service on national or statewide committees relevant to family partners or known as a leader in the CFP Community. *These are limited examples and other leadership activities may be applicable. Please document as many as possible that may apply. At least one leadership activity must be listed below.*

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If you have questions, please contact us at 1-844-300-2196 or [info@viahope.org](mailto:info@viahope.org)

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**Signature**

**Date**

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**Print Name and Title**

**Phone number**

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## Supervisor Section (Required)

**(Required unless no supervisor is applicable such as may be the case in contracted or private service provision. If supervisor form is not applicable, please submit an additional letter of recommendation .**

I, \_\_\_\_\_ (Insert Supervisor name, title),  
endorse \_\_\_\_\_ (Insert CFP Name) as an applicant  
for the Advanced Level CFP certification. I understand that Via Hope's approval of  
this certification level does not require any further action on my part.

By signing below, I am verifying that \_\_\_\_\_  
(insert name of applicant) is up to date on all agency trainings required for his/her  
professional level.

By signing below, I am also verifying that he/she has had no disciplinary actions at  
the agency resulting in a verbal or written plan of improvement in the last 12  
months.

If applicable, my required letter of recommendation is attached.

(Advanced Level Certification applicants must include a letter of recommendation  
from their supervisor *or* a Master Level CFP.)

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**Signature**

**Date**

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**Print Name and Title**

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**Phone number**

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