

Certified Food Addiction Professional (CFAP) Application

Name: _____

Email: _____

Requirements for the CFAP Certified Food Addiction Professional

- Scope of Service: To use the CFAP credential in your licensed practice or employment as an active licensed Health Care Professional. (MD, DO, PhD, PsyD, Ed.D, LCADC, LPC, LCSW, LMFT, Advanced Practice Nurse (APN), Licensed Nutritionist or Dietician. CLINICAL FOCUS MUST BE ON FOOD ADDICTION ONLY. THIS CREDENTIAL IS NOT TO BE UTILIZED FOR THE TREATMENT OF OTHER EATING DISORDERS.

- Completion of the INFACT Food Addiction Counselor Training.

Subjects addressed in the training include the following:

Basic knowledge of substance and process addictions, specifically overeating and food abuse and dependency; clinical intake, screening, assessment, and individualized treatment planning; professionally recognized counseling theories & techniques; understanding of abstinence programs, trauma & crisis intervention, overeating prevention, education and relapse prevention; 12 step-recovery, codependency and the family; ethics; and biology of food addiction and recovery.

- Attach or upload completion of training certificate _____
- Passing the INFACT Exam at the completion of the INFACT training.
 - Attach or upload copies _____
- Holds an active license in their U.S. State(s) of practice. LCADC, LCSW, LPC, LMFT, Medicine, Psychology, APN, Dietitians, or other related Health Care Professional licenses
 - attach or upload copy _____

Has read and agreed to the Ethical Standards for Certified Professionals and the Applicant's Recognition Statement:

- Ethical Standards for Certified Professionals: <http://certbd.org/site/wp-content/uploads/ethical-standards-for-certified-professionals.pdf>



- Applicant's Recognition Statement: <https://certbd.org/applications/recognition-statement/>

By signing the applicant certifies that they have read and agreed to abide by the Ethical Standards for Certified Professionals and the Applicant's Recognition Statement.

Applicant's Signature: _____

- Paid certification fee of \$ 225 for 24 months. Renewal is due every 24 months. Renewal credits of 40 hours every 24 months that must be related to food addiction.
 - Attach check or money order or
 - Pay online at certbd.org .

CFAP Application

Name as it appears on your State License: _____

Email: _____

Street address: _____

Phone: _____

Primary job position or private practice focus (Pick One):

- Medicine
- Psychology
- Mental Health
- Addictions
- Social Work
- Dietitians and APN's

Please send applications to the Certification Board, Inc, or apply via our website certbd.org.