

**RESIDENTIAL WORKER ORIENTATION FORM  
FOR  
MENTAL HEALTH REHABILITATION TECHNICIAN I  
PROVISIONAL**

I, \_\_\_\_\_  
Name & Title (please print)

of \_\_\_\_\_  
Facility Name

\_\_\_\_\_  
Full Address of Facility

do hereby certify that \_\_\_\_\_      \_\_\_\_\_  
Name of Employee      SS#

Has completed the *Provisional Mental Health Support Specialist (MHSS) Handbook*. The above named person is familiar with all the content of the handbook, and has demonstrated the ability and understanding to safely and competently perform his/her job assignments in this facility in accordance with the general instructions contained in the handbook. This qualifies said person for this one-year Provisional MHRT I certification, which shall commence on \_\_\_\_\_ and expire on \_\_\_\_\_. No part of the MHRT I requirements can be waived. In addition, it is the policy of the Center for Learning, not to grant extensions for MHRT I provisional certificates.

Signed:

\_\_\_\_\_  
Name and Title      Date

**Please forward this form to:**

**MHRT Coordinator  
The Center for Learning  
Muskie School of Public Service  
45 Commerce Dr., Suite 11  
Augusta, ME 04330  
Tel: (207) 626-5280**