

**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

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**