Appendix D

APPLICATION FOR MHRT/COMMUNITY CERTIFICATION

This form may be copied

DIRECTIONS: Please read the MHRT/Community Guidelines at www.cfl-muskie.org before completing. Incomplete applications will be returned unprocessed. All applicants must complete Sections I, II, and III. Applicants who have met the certification requirements by earning a pre-approved degree or license must complete Sections IV or V. Official transcripts can be mailed, e-mailed or faxed. Applicants who have met the certification requirements through courses, training, workshops, and/or waivers should complete Sections VI and VII. Applications are reviewed in the order they are received. Please allow approximately three weeks for processing. Please note that CFL staff cannot meet with applicants due to the volume of applications.

I. PERSONAL INFORMATION (All Applicants)

First Name: ___________________________ Last Name: ___________________________

Mailing Address: ___________________________ Daytime Phone: ( ___ ) ______

City: ___________________________ State: _____ Zip Code: ______

Email: ___________________________

II. WORK INFORMATION: (All Applicants)

If you are currently unemployed, please list NA in this section.

Work Place: ___________________________ Work Telephone: ( ___ ) ______

Mailing Address: ___________________________ City: ________ State: ___ Zip Code: ______

III. CHECK CERTIFICATE TYPE: (All Applicants)

____ FULL MHRT/Community ______ Provisional MHRT/Community Level A or B

IV. APPLYING FOR FULL MHRT/COMMUNITY THROUGH DEGREE/LICENSE EARNED:

Please refer to the list of acceptable degrees and licenses for full certification in the MHRT/C Guidelines Appendix B. List the degree/license you have earned and attach a copy of the degree (listing the field it is in) or an official transcript showing your degree earned, or a copy of your license.

Degree/License Earned: ___________________________ From Where: ___________________________

V. APPLYING FOR Provisional MHRT/Community Level A or B THROUGH DEGREE EARNED:

Please refer to the list of acceptable degrees for provisional certification in the MHRT Procedural Guidelines in Appendix C. List the degree you have earned and attach a copy of the degree (listing the field it is in) or an official transcript showing your degree earned.

Degree Earned: ___________________________ From Where: ___________________________
VI. APPLYING FOR PROVISIONAL OR FULL MHRT/COMMUNITY THROUGH COURSES OR WORKSHOPS:
The applicant must complete five courses to earn a Provisional MHRT/C, Level B certificate and ten courses to earn a Full MHRT/C Certificate. If the applicant is substituting workshops in place of courses, the workshop or training must be taught by qualified professional staff and consist of at least 30 hours of training directly related to the course substituted. Please check the courses/workshops you have completed and attach official transcripts or legible photocopies of workshop certificates showing the number of hours completed.

This left column must be completed to earn a Provisional MHRT/C Level B

<table>
<thead>
<tr>
<th>Course</th>
<th>Supervisor’s Name and Professional Title</th>
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<tr>
<td>Introduction to Community Mental Health</td>
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<tr>
<td>Psychosocial Rehabilitation</td>
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<tr>
<td>Interviewing and Counseling</td>
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<tr>
<td>Crisis Identification and Resolution</td>
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<td>Cultural Competency/Diversity</td>
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VII. WORK EXPERIENCE WAIVERS:
Please refer to pages 13-14 of the MHRT/C Procedural Guidelines for specific guidelines in reference to waivers. The applicant must submit a signed letter from each of the clinical supervisors. Only one course may be waived for each year of experience. A maximum of five courses may be waived.

Course(s) to be Waived

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<td>4.</td>
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<td>5.</td>
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PLEASE NOTE: General letters of reference will not be accepted.

VIII. SUBMIT THIS APPLICATION AND ALL SUPPORTING INFORMATION TO:

MHRT/Community Request
The Center for Learning
12 East Chestnut St.
Augusta, ME 04330
Phone: (207) 626-5280 TTY: (207) 626-5282 CFL E-Mail: cfl-muskie@maine.edu