

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

**APPLICATION FOR FULL CERTIFICATION AS A
MENTAL HEALTH PROFESSIONAL PERSON**

PART II - EMPLOYMENT INFORMATION

TO THE APPLICANT: Provide the information requested below to claim credit for work experience required for certification. If you have had more than one work experience which you want to claim, make additional copies of this form so that each job is documented. After completing A through E below, send the form to the person who supervised your work (or another authorized representative of the employer) for verification. The supervisor should forward the form directly to the Certification Committee.

Applicant: _____

A. Employer: _____ Phone: (____) _____
Address: _____
Name of Supervisor: _____
Dates of Employment: From _____ through _____

B. Job Title: _____ Full Time Part Time
(If part-time, hours per week: _____)

C. Is this employer an agency, organization, or unit within an organization in which the primary purpose is the treatment of mental disorders?
 Yes No Not Sure

D. What percentage of your time in this job was spent:

providing direct mental health services to seriously mentally ill persons?	_____ %
evaluating persons for possible serious mental illness?	_____ %
doing long term treatment planning for seriously mentally ill persons?	_____ %

Other major duties:

_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
TOTAL	100 %

