

STATE OF MONTANA  
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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

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**PART IV - ENDORSEMENT**

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Applicant: \_\_\_\_\_

The Certification Committee requires that an applicant for full mental health professional person certification obtain an endorsement from a fully certified mental health professional person. The person providing the endorsement preferably is someone who supervises the applicant's clinical work. The endorsing professional person should fill out this form and return it directly to the Certification Committee.

1. Does the applicant understand what is required by state law (Section 53-21-102, MCA) in terms of the timeliness, content, and review requirements of treatment plans established for inpatients of mental health facilities?  
 Yes       No       Not Sure
  
2. Does the applicant understand the rights of persons admitted to mental health facilities as stated in Sections 53-21-142 to 148, MCA?  
 Yes       No       Not Sure
  
3. Does the applicant understand which rights may be restricted for treatment reasons and the role of the professional person in making such restrictions?  
 Yes       No       Not Sure
  
4. Does the applicant understand the conditions under which restraint or isolation may be used in a mental health facility and the procedure for ordering and monitoring restraint or isolation?  
 Yes       No       Not Sure
  
5. Does the applicant understand the requirement for professional person certification and community mental health center confirmation of applications for voluntary admission to Montana State Hospital?  
 Yes       No       Not Sure
  
6. Does the applicant understand the involuntary commitment procedures and the professional person's role in those procedures?  
 Yes       No       Not Sure
  
7. Does the applicant understand the professional person's role in emergency detention of persons suspected of being seriously mentally ill?  
 Yes       No       Not Sure
  
8. Does the applicant understand the procedure for discharge or conditional release of a patient from a mental health facility?  
 Yes       No       Not Sure
  
9. Does the applicant understand the procedure under which a conditional release may be extended?  
 Yes       No       Not Sure

Name of Applicant: \_\_\_\_\_

10. Does the applicant understand the procedure for ordering the readmission of a conditionally released patient?

Yes       No       Not Sure

11. Please describe how you have assessed the applicant's knowledge in the above areas.

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12. In your opinion, does this applicant have a complete understanding of the duties and responsibilities of a mental health professional person with full certification?

Yes       No       Not Sure

Signed: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name and Address of Endorser: \_\_\_\_\_

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**Return this form to:**

Professional Person Certification Committee  
Department of Public Health & Human Services  
P.O. Box 202905  
Helena, MT 59620-2905