

MENTAL HEALTH REHABILITATION SPECIALIST (MHRS) APPLICATION

Prior to submitting MHRS application ensure applicant meets qualifying requirements:

High Educational Degree Awarded	Years of mental health clinical work experience completed after being awarded degree
Masters Degree in mental health field	Two years of mental health clinical work experience
Bachelors Degree in mental health field	Four years of mental health clinical work experience
Associates Degree	Six years of required work experience; Two of the six years of required work experience must be completed after being awarded the Associates degree

Today's Date: _____

Applicant's Name: _____ NPI: _____

Address: _____

Agency of Employment: _____

Phone: _____ Email: _____

Degree: Ph.D. in: _____
 Masters in: _____
 Bachelors in: _____
 Associates in: _____

Years of Experience in a Mental Health Field: _____

Please send completed application and all required documents to **BHSDBusinessOffice@hhs.sccogv.org**.
 Incomplete evaluation request packets will not be evaluated.

Checklist of required documents to be submitted for MHRS evaluation:

- California Participating Practitioner Application (CPPA) Form
- Detailed Resume (*including dates and hours/days per week worked for all clinical mental health positions*)
- Copy of Diploma(s) that states the field of study or official transcripts
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I certify that the information provided in this application is accurate and true:

Signature: _____

Date: _____

Agency Name & Address: _____

Dates - From: _____ To: _____ # Hours Per Week: _____

Job Title: _____

Duties:

Agency Name & Address: _____

Dates - From: _____ To: _____ # Hours Per Week: _____

Job Title: _____

Duties: