

MENTAL HEALTH REHABILITATION SPECIALIST (MHRS) APPLICATION

To be submitted only by those who meet at least one of the following MHRS qualifying requirements:

- Masters degree in the mental health field and two years of mental health clinical work experience.
- Bachelors degree in the mental health field and four years of mental health clinical work experience.
- Associates degree and six years of mental health clinical 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
- Valid Photo Identification (*California driver's license, California ID card, passport, etc.*)
- 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

I certify that the information provided in this application is accurate and true:

Signature: _____

Date: _____

Clinical Mental Health Experience Worksheet

Clinical Mental Health Experience:

The experience you document here should be mental health related. Practicum and internships do not qualify if they were required for your academic degree. The number of years/months is based on full-time experience, so anything less than 40 hours per week should be prorated.

Agency	# Years/Months Claimed

Please provide the detailed information below to document your clinical experience. Please include additional sheets, if necessary.

Agency Name & Address: _____
Dates - From: _____ To: _____ # Hours Per Week: _____
Job Title: _____
Duties:

Agency Name & Address: _____

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

Job Title: _____

Duties:

Agency Name & Address: _____

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

Job Title: _____

Duties: