

A9BH5 @<95 @K DFC: 9GG-CB5 @@7 9BG-B; K 5-J9F F9EI 9GH

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

Instructions For Completing This Form

- 1) Applicant's Full Name, Including Aliases and Maiden Names: DHCS staff need this information, when applicable, to track accurately the applicant's waiver history.
- 2) Type of Waiver Request: Clearly indicate the type of waiver request. To be eligible for the Out-of-State/License-Ready category, an applicant must be both license-ready (i.e., have accrued the number of hours of supervised professional experience required to sit for the licensing examination) and have been recruited from out-of-State. When submitting an application for an Out-of-State/License Ready waiver, the MHP must submit a letter from the appropriate licensing board which states that the applicant has sufficient experience to gain admission to the licensing examination.
- 3) Employment Start Date (In the Position Requiring the Waiver): Specify the date the applicant will start employment in the position requiring a waiver.

In order for DHCS to determine if the applicant has been previously employed in a position requiring a waiver, it is necessary to attach a copy of the applicant's post-degree employment history. This can take the form of a current, complete resume or recent employment application.

- 4) Request Submitted By (Mental Health Director/Designee): All waiver requests must be submitted, signed and dated by the local county mental health director or the director's designee.

For additional information on the professional licensing waiver process, see DMH Letter No 10-03.