

Appendix E (Updated July 2017)

APPLICATION FOR Mental Health Rehabilitation Technician Crisis Service Provider (MHRT/CSP) CERTIFICATION

Employee Name: _____

Agency Name: _____

Agency Address: _____ **City:** _____ **Zip:** _____

Agency Contact Name: _____ **Phone:** _____

Has MHRT/C (circle one): YES / NO **Date of Hire:** _____

License 1 (if any and type): _____ **State of Issue:** _____ **Date Issued:** _____ **Expiration:** _____

License 2 (if any and type): _____ **State of Issue:** _____ **Date Issued:** _____ **Expiration:** _____

Degree/Major 1: _____ **University/Year:** _____

Degree/Major 2: _____ **University/Year:** _____

Training Modules Completed Modules marked with an asterisk (*) are Core Modules		How Completed (See Below for Codes)	Date Module Was Completed
Module 1.	Values and Attitude*		
Module 2.	Theories of Human Development		
Module 3.	Recovery		
Module 4.	Crisis Theory and Principles of Crisis Management*		
Module 5.	Safety*		
Module 6.	Crisis Assessment*		
Module 7.	Peer Support		
Module 8.	Crisis & Co-Occurring Disorders		
Module 9.	Crisis Intervention*		
Module 10.	Consultation and Collaboration		
Module 11.	Legal and Ethical Issues*		
Module 12.	Hospitalization*		
Module 13.	Documentation		
Module 14.	Trauma*		

Codes For How MHRT/CSP Modules Were Completed:	
P — Passed/Completed the Module	NA — Not Applicable for Clinically Licensed.
L — Tested Out Through License	
E — Tested Out Non-Core Through Experience	

Print Employee's Name

Employee's Signature

Date

Print Authorized Agency Representative's Name

Authorized Agency Representative's Signature

Date

NOTES (if any):

Please submit a completed copy of this form for each applicant to:
 USM - Muskie School, The Center for Learning
 MHRT/CSP Request
 12 East Chestnut St.
 Augusta, ME 04330 **Or Fax To: (207) 626-5022**