

# CREDIT FOR WORK EXPERIENCE FORM

## CASE MANAGEMENT

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

**Name of Clinical Supervisor:** \_\_\_\_\_

*The Clinical Supervisor must have provided direct clinical supervision to the applicant during the time frame referenced in this request and must be a Master's level clinician. Acceptable credentials include LCPC, LCSW, APRN, Psychologist, MD/DO, and Psychiatrist. For a complete listing of acceptable credentials, please refer to the MHRT/C Procedural Guidelines.*

**Dates of Supervision (start & end):** \_\_\_\_\_

*Please note that each request for work credit must have its own specified and distinct time frame. No overlapping of dates and domains is permitted.*

By initialing below the Clinical Supervisor attests that the applicant has a high level of competence in **each** knowledge competency for this MHRT/C requirement as follows:

- \_\_\_ Understands importance of community inclusion and use of natural supports
- \_\_\_ Understands Maine's laws regarding mental health recipients' rights
- \_\_\_ Understands benefit and entitlement programs
- \_\_\_ Understands interaction of co-occurring medical issues
- \_\_\_ Knowledgeable about changing treatment needs for adult stages of transition
- \_\_\_ Understands basic social services and entitlements
- \_\_\_ Knowledge of community provider system
- \_\_\_ Knowledge of generic community resources including available natural supports
- \_\_\_ Understands ethics and conducts practice in a professional manner
- \_\_\_ Aware of the need to act as a contributing member of an interdisciplinary team
- \_\_\_ Knowledge of confidentiality
- \_\_\_ Aware of the need to evaluate effectiveness of personal practice
- \_\_\_ Understands effective use of supervision
- \_\_\_ Interacts effectively with community members and other professionals
- \_\_\_ Understands strategies that empower consumers

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**Please attach one or more sheets summarizing the work the applicant has performed under supervision that relates directly to the competencies above for this domain. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.**

*By signing below, I confirm that I provided direct clinical supervision to the applicant during the time referenced in this request. I have discussed the knowledge competencies for this domain with this individual and attest that this individual has acquired the competencies for the domain to be credited as listed in the Procedural Guidelines for MHRT/C.*

\_\_\_\_\_  
Signature of Clinical Supervisor                      License Type & Number                      Date

Please sign, date, and return to applicant. Applicant must submit this form as part of their application. For complete requirements regarding credit for work requests, please refer to the *Guidelines for MHRT/C Certification*.