

## CREDIT FOR WORK EXPERIENCE FORM

### VOCTAIONAL ASPECTS OF DISABILITIES

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:

\_\_\_\_ Has working knowledge of the National Consensus Statement on Mental Health Recovery and the 10 fundamental components of recovery as they relate to employment (www.samhsa.gov)

\_\_\_\_ Understands that research shows that most people with psychiatric disabilities want to pursue employment opportunities and that a consumer can be successful in competitive employment regardless of diagnosis, symptoms, disability status, prior hospitalizations, or co-occurring substance use

\_\_\_\_ Familiarity with resources and roles or people involved in the employment support system for consumers with psychiatric disabilities, including job developers, job coaches, and community work incentives coordinators

\_\_\_\_ Understands the role of a MHRT/C in supporting an individual pursuing a vocational goal

\_\_\_\_ Knowledgeable about the current and evolving research regarding evidence-based practices in employment of individuals with psychiatric disabilities, including supported employment

\_\_\_\_ Working knowledge of engagement and motivation techniques to assist consumers in pursuing employment

**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.**

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*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*.