CREDIT FOR WORK EXPERIENCE FORM FOR
DOMAIN 6: MIND-BODY CONNECTION

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 waiver 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 Guidelines for MHRT/C Certification.

Dates of Supervision (start & end): ______________________________________________

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

By initialing each knowledge competency for this MHRT/C requirement below the Clinical Supervisor* attests that the applicant has a high level of competence in them. Please attach a document summarizing the work the applicant has performed under supervision that relates directly to these competencies for this course. Please give specific examples of how the applicant has demonstrated these competencies in their work. Clinical supervisor must sign each additional page.

___ Describe the interdependent relationship between mental illness and physical health and give examples.

___ Describe the value and importance of integrated care.

___ Recognize the spectrum of substance use disorders, including the psychological signs and symptoms, as well as common behavioral addictions.

___ Explain the role of medication in symptom management, including the potential for psychiatric and physical side effects of any medication.

___ Explain the case manager's role in the person-centered planning process and how to identify and refer to appropriate wellness promotion programs and community, peer, and web-based healthcare resources.

___ Describe the benefits of shared care planning and ways to incorporate an individual’s needs and preferences in goal-setting.

___ Relate the significant impact of smoking on individual health, particularly those with serious mental illness, and identify evidence-based cessation resources.

___ Have an understanding of the etiology, progression, and treatment of common co-morbid conditions.

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*—or administrative supervisor with No Clinical Supervision Form signed by human resources manager
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- Define various social contexts and risk factors affecting consumers with comorbid conditions, and the impact on the consumer's overall health and well-being.
- Discuss a variety of treatment interventions and settings for common co-occurring conditions.
- Identify strategies to assist consumers in developing personal-care skills such as managing stress, assessing triggers, and monitoring medications.
- Give examples of community and web-based resources that support wellness and recovery.
- Describe the Behavioral Health Homes (BHH) model and other models that promote the integration of physical and behavioral health services and the potential benefits of integrated care services and supports to consumers

☐ I have enclosed a document summarizing how the applicant has met these knowledge competencies in their work. (Please check when completed.)

*I confirm that I provided direct clinical supervision to the applicant during the time referenced in this waiver request. I have discussed these elements with this individual and attest that this individual has acquired the competencies for the course to be waived as listed in the Procedural Guidelines for MHRT/C.*

Signature of Clinical Supervisor*  License Type & Number  Date

Signature of Administrative Supervisor if No Clinical Supervision  Date

Signature of HR Office Confirming No Clinical Supervision  Date

If no Clinical Supervisor, this form must be signed by BOTH the Administrative Supervisor and the HR Office to attest that there is no clinical supervision.

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

*—or administrative supervisor with No Clinical Supervision Form signed by human resources manager.