

**MENTAL HEALTH REHABILITATION TECHNICIAN I  
PROVISIONAL CERTIFICATE**

I, \_\_\_\_\_  
Name & Title of Agency Supervisor

of \_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Full Address of Agency

do hereby certify that \_\_\_\_\_  
Name of Employee

Has completed the *Provisional Mental Health Support Specialist (MHSS) Handbook*. The above named person is familiar with all the content of the handbook, and has demonstrated the ability and understanding to safely and competently perform his/her job assignments in this facility in accordance with the general instructions contained in the handbook. This qualifies said person for this one-year Provisional MHRT I certification, which shall commence on \_\_\_\_\_ and expire on \_\_\_\_\_. No part of the MHRT I requirements can be waived. In addition, it is the policy of the Department of Health & Human Services-Office of Substance Abuse and Mental Health Services (SAMHS) not to grant extensions for MHRT I provisional certificates.

Signed:

\_\_\_\_\_  
Name and Title of Agency Supervisor Date

\_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Muskie School MHRT Coordinator Date

*Agency Representative: please forward this form for co-signature to:*

**MHRT Coordinator  
USM Muskie School  
12 East Chestnut St.  
Augusta, ME 04330  
Tel: (207) 626-5280 / Fax: (207) 626-5022**