

**Appendix E (Updated May 2021)**

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

**Employee Name:** \_\_\_\_\_

**Employee Email:** \_\_\_\_\_

**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:** \_\_\_\_\_

<b>Training Modules Completed</b>		<b>How Completed</b>	<b>Date Module</b>
Modules marked with an asterisk (*) are Core Modules		(See Below for Codes)	Was Completed
<b>Module 1.</b>	<b>Values and Attitude*</b>		
<b>Module 2.</b>	<b>Theories of Human Development</b>		
<b>Module 3.</b>	<b>Recovery</b>		
<b>Module 4.</b>	<b>Crisis Theory and Principles of Crisis Management*</b>		
<b>Module 5.</b>	<b>Safety*</b>		
<b>Module 6.</b>	<b>Crisis Assessment*</b>		
<b>Module 7.</b>	<b>Peer Support</b>		
<b>Module 8.</b>	<b>Crisis &amp; Co-Occurring Disorders</b>		
<b>Module 9.</b>	<b>Crisis Intervention*</b>		
<b>Module 10.</b>	<b>Consultation and Collaboration</b>		
<b>Module 11.</b>	<b>Legal and Ethical Issues*</b>		
<b>Module 12.</b>	<b>Hospitalization*</b>		
<b>Module 13.</b>	<b>Documentation</b>		
<b>Module 14.</b>	<b>Trauma*</b>		
<b>Codes For How MHRT/CSP Modules Were Completed:</b>			
<b>P — Passed/Completed the Module</b>		<b>E — Tested Out Non-Core Through Experience</b>	
<b>L — Tested Out Through License</b>		<b>NA — Not Applicable for Clinically Licensed.</b>	

\_\_\_\_\_  
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. **Or Email:** [cfl-muskie@maine.edu](mailto:cfl-muskie@maine.edu)  
 Augusta, ME 04330 **Or Fax To:** (207) 626-5022