Appendix E: Relevant Work Experience Verification Form (Pathway C-for those without a Degree)

Please submit this form to your HR Office for verification of your relevant work experience.

Name of Applicant: _____

Agency & Address: _____

_____

Directions for HR Office:
The above individual is applying for MHRT/Community certification. As part of the application process, they must provide documentation of at least one year of full time direct service work experience in adult behavioral health. Relevant direct service work experience in adult behavioral health should be working with individuals with mental illness and/or substance use disorders. Applicants may substitute the requirement for direct service experience with 12 months of full-time experience as an adult case manager.

Direct Service Professional (DSP) and Behavioral Health Professional (BHP) are ***not*** considered adult behavioral health-related work experience.

Please verify that the individual has met this work experience requirement. If the individual has less than one year of full time experience, you may indicate this, as the individual may combine experience from multiple jobs to meet this requirement for MHRT/C certification.

Applicant's Job Title: _____

Dates of Employment: _____

(Check one) **Full Time:** ◯ **Part Time:** ◯ **Hours per week if PT:** _____

HR Contact (Print): _____ **Phone:** _____

Email: _____

HR Signature: _____ **Date:** _____

Notes:

Please return this form to the applicant, who will submit it with their MHRT/C application.