CREDIT FOR WORK EXPERNIENCE FORM FOR
DOMAIN 4: TRAUMA AND RESILIENCY

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. Pathway B individuals may use the same six-month period for up to two Domains. Pathway C individuals may use a six-month period for one Domain.

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 prevalence and impact of various types and contexts of trauma, e.g., domestic violence, physical and sexual abuse, sexual assault, exposure to combat, and other life-threatening events.

____ Recognize the impact of trauma on behavior, functioning, and other health-related conditions and symptoms. Please give examples.

____ Demonstrate a sensitivity to the behavioral health issues, including substance use disorders, affecting survivors of trauma and the stages of recovery they will experience.

____ Characterize the importance of working from a trauma-informed perspective and describe techniques of trauma-informed care, as well as the effects of vicarious traumatization.

____ Summarize the effects of trauma on survivors, including intergenerational trauma, inter-familial trauma, experience of trauma at various life stages, and experience of trauma specific to special populations and cultural contexts, e.g., veterans, refugees, immigrants.

____ Recall the Adverse Childhood Experiences (ACE) Study and its correlation with trauma.

____ Describe evidence-based treatment approaches for trauma-related conditions, e.g., Seeking Safety, TREM, EMDR, and DBT.

____ Identify and refer survivors of trauma to specialized support resources in the community to assist in the recovery process.

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*—or administrative supervisor if applicant does not have clinical supervision

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☐ 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	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 if applicant does not have clinical supervision