CREDIT FOR WORK EXPERNIENCE FORM FOR
DOMAIN 5: POLICY KNOWLEDGE

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.**

____ Demonstrate familiarity with the AMHI Consent Decree requirements and their impact on adult mental health services in Maine.

____ Explain Maine's Rights of Recipients of Mental Health Services.

____ Demonstrate an understanding of federal and state disability laws, including the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and Maine statutes regarding accessibility for those who are deaf or hard of hearing.

____ Demonstrate an understanding of federal and state civil rights laws, including the Civil Rights Act of 1964, the Maine Human Rights Act, and communication access policies for non-English speaking consumers.

____ Demonstrate an understanding of the provider's role as a mandated reporter of abuse and neglect for both adults and children and delineate the procedure to report.

____ Assist the consumer to develop self-advocacy skills.

____ Identify advocacy organizations that address consumer rights, i.e. Disability Rights Maine.

____ Give examples of federal and state benefit and entitlement programs, needs-based social welfare and work incentive programs, including eligibility, reporting and review requirements, and ways in which consumers can access these programs.

____ Engage with the consumer and advocate on their behalf to ensure policies are appropriately followed. Refer the consumer to an appropriate advocacy organization when there are errors in policy application.

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

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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 with No Clinical Supervision Form signed by human resources manager