CREDIT FOR WORK EXPERNIENCE FORM FOR
DOMAIN 6: MIND-BODY CONNECTION

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 interdependent relationship between mental illness and physical health and give examples.

____ Describe the value and importance of integrated care.

____ Recognize the spectrum of substance use disorders, including the psychological signs and symptoms, as well as common behavioral addictions.

____ Explain the role of medication in symptom management, including the potential for psychiatric and physical side effects of any medication.

____ Explain the case manager's role in the person-centered planning process and how to identify and refer to appropriate wellness promotion programs and community, peer, and web-based healthcare resources.

____ Describe the benefits of shared care planning and ways to incorporate an individual's needs and preferences in goal-setting.

____ Relate the significant impact of smoking on individual health, particularly those with serious mental illness, and identify evidence-based cessation resources.

____ Have an understanding of the etiology, progression, and treatment of common co-morbid conditions.

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

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____ Define various social contexts and risk factors affecting consumers with comorbid conditions, and the impact on the consumer's overall health and well-being.

____ Discuss a variety of treatment interventions and settings for common co-occurring conditions.

____ Identify strategies to assist consumers in developing personal-care skills such as managing stress, assessing triggers, and monitoring medications.

____ Give examples of community and web-based resources that support wellness and recovery.

____ Describe the Behavioral Health Homes (BHH) model and other models that promote the integration of physical and behavioral health services and the potential benefits of integrated care services and supports to consumers

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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 if No Clinical Supervision	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