CREDIT FOR WORK EXPERIENCE FORM FOR
DOMAIN 7: CULTURAL COMPETENCY

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 how various contexts of culture, group, and family membership impact an individual's beliefs and behavior and their behavioral health care needs and interventions.

____ Describe the importance of being culturally sensitive and responsive with populations that originate from a culture different than your own.

____ Use respectful and effective communication with consumers from a variety of cultural and social backgrounds and life stages.

____ Develop culturally-sensitive treatment plans that are responsive to cultural contexts, family and group memberships, and the particular life stage of the consumer.

____ Demonstrate how to employ interpreter services for non-English speaking and hearing impaired consumers in a timely and appropriate manner.

____ Identify and refer consumer to pertinent support resources in the community that facilitate consumer access and recovery within the context of social, cultural, family, and other group memberships.

____ Demonstrate cultural humility and self-reflection, including acknowledgement of the limitations of one's own cultural perspective.

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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