CREDIT FOR WORK EXPERIENCE FORM FOR
DOMAIN 8: VOCATIONAL SUPPORT

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.**

____ Acknowledge the importance of work as part of self-concept/identity, and describe its role in mental health treatment and recovery.

____ Understand that the paths to mental health recovery and employment are both varied and non-linear, give examples of successful employment outcomes for consumers of behavioral healthcare.

____ Recognize and describe common myths and misconceptions regarding individuals with psychiatric disabilities and their ability to be successful in the workplace.

____ Understand the role of the MHRT/C in supporting a consumer to pursue a vocational goal, the importance of ongoing support in maintaining successful employment, and how it is reflected in the individual's plan of care.

____ Engage the consumer in meaningful, ongoing conversations about finding work and/or the possibility of work in the future, including job seeking/retention strategies.

____ Be able to practice engagement and motivation techniques to encourage and empower consumers to make progress along the employment continuum.

____ Identify and know how to access resources for consumer advocacy related to employment, including the use of natural supports to help individuals obtain and maintain a job.

____ Identify and refer consumers to support and employment advocacy services that will reduce or eliminate perceived barriers to continued successful employment.

____ Give examples of career development resources, including career exploration and labor market information available in the community.

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

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____ Discover the diverse services and roles of people involved in the employment support system for consumers with psychiatric disabilities, and explain how the MHRT/C collaborates with others in the employment support system without duplicating the roles of these providers.

____ Identify online and local resources to access federal and state regulations and policy relating to employment.

____ Give examples of current and evolving research regarding evidence-based practices in employment of consumers with psychiatric disabilities, including Individual Placement Support.

____ Demonstrate awareness of reasonable accommodation and disclosure of disability in the context of mental health and employment.

____ Identify federal and state disability benefits, the availability of work incentives, and how to consult with Community Work Incentives Coordinators

____ Describe the role of the Department of Labor, Division of Vocational Rehabilitation as partners, how to refer, and collaborate around work goals.

☐ 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