

**MENTAL HEALTH REHABILITATION TECHNICIAN I
PROVISIONAL CERTIFICATE**

I, _____
Name & Title of Agency Supervisor

of _____
Agency Name

Full Address of Agency

do hereby certify that _____
Name of Employee

Has completed the *Provisional Mental Health Support Specialist (MHSS) Handbook*. The above named person is familiar with all the content of the handbook, and has demonstrated the ability and understanding to safely and competently perform his/her job assignments in this facility in accordance with the general instructions contained in the handbook. This qualifies said person for this one-year Provisional MHRT I certification, which shall commence on _____ and expire on _____. No part of the MHRT I requirements can be waived. In addition, it is the policy of the Department of Health & Human Services-Office of Behavioral Health (OBH) not to grant extensions for MHRT I provisional certificates.

Signed:

Name and Title of Agency Supervisor Date

Employee Date

Muskie School MHRT Coordinator Date

Agency Representative: please forward this form for co-signature to:

**MHRT Coordinator
USM Muskie School
12 East Chestnut St.
Augusta, ME 04330
Tel: (207) 626-5280 / Fax: (207) 626-5022**