Appendix E (Updated June 2025)

APPLICATION FOR Mental Health Rehabilitation Technician Crisis Service Provider (MHRT/CSP) CERTIFICATION

Employee Name: _____

Employee Email: _____

Agency Name: _____

Agency Address: _____ **City:**_____ **Zip:** _____

Agency Contact Name: _____ **Phone:** _____

Has MHRT/C (circle one): YES / NO Date of Hire: _____

License 1 (if any and type): _____ **State of Issue:** _____**Date Issued:** _____ **Expiration:** _____

License 2 (if any and type): _____ **State of Issue:** _____**Date Issued:** _____ **Expiration:** _____

Degree/Major 1: _____ **University/Year:** _____

Degree/Major 2: _____ **University/Year:** _____

Training Modules Completed Modules marked with an asterisk (*) are Core Modules		**How Completed (See Below for Codes)**	**Date Module Was Completed**
Module 1.	**Values and Attitude***		
Module 2.	**Theories of Human Development**		
Module 3.	**Recovery**		
Module 4.	**Crisis Theory and Principles of Crisis Management***		
Module 5.	**Safety***		
Module 6.	**Crisis Assessment***		
Module 7.	**Peer Support**		
Module 8.	**Crisis & Co-Occurring Disorders**		
Module 9.	**Crisis Intervention***		
Module 10.	**Consultation and Collaboration**		
Module 11.	**Legal and Ethical Issues***		
Module 12.	**Hospitalization***		
Module 13.	**Documentation**		
Module 14.	**Trauma***		

Codes For How MHRT/CSP Modules Were Completed: M — Not applicable for MHRT/C certificate holder	
P — Passed/Completed the Module	**E — Tested Out Non-Core Through Experience**
L — Tested Out Through License	**NA — Not Applicable for Clinically Licensed.**

Print Employee's Name	Employee's Signature	Date
Print Authorized Agency Representative's Name	Authorized Agency Representative's Signature	Date

NOTES (if any):

Please submit a completed copy of this form for each applicant to:

USM The Center for Learning
University of Maine at Augusta
46 University Dr.
Augusta, ME 04330

Or Email: cfl@maine.edu
Or Fax To: (207) 626-5022