

**APPLICATION FOR CERTIFICATION AS A
MENTAL HEALTH PROFESSIONAL PERSON (MHPP)**

PART IV – ENDORSEMENT

Applicant Name: _____

The Certification Committee requires that an applicant for MHPP certification obtain an endorsement from a current MHPP who supervises the applicant's clinical work. The endorsing MHPP must complete this form and return it directly to the Certification Committee.

Endorser's Information

Name: _____

Phone: _____

Address: _____

City State Zip

Professional Title: _____

License #: _____

MHPP Certificate # (If applicable): _____

1. Does the applicant understand what is required by state law (53-21-162, MCA) in terms of the timeliness, content, and review requirements of treatment plans established for inpatients of mental health facilities?
 Yes No Not Sure
2. Does the applicant understand the rights of persons admitted to mental health facilities as stated in 53-21-142 through 53-21-148, MCA?
 Yes No Not Sure
3. Does the applicant understand the right that may be restricted for treatment reasons and the role of the MHPP in making these restrictions?
 Yes No Not Sure
4. Does the applicant understand the conditions under which restraint or seclusion may be used in a mental health facility and the procedure for ordering and monitoring restraint or seclusion?
 Yes No Not Sure
5. Does the applicant understand the requirements for MHPP certification and community mental health center confirmation of applications for voluntary admissions to Montana State Hospital?
 Yes No Not Sure
6. Does the applicant understand the involuntary commitment procedures and the MHPP role in those procedures?
 Yes No Not Sure

