

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES
**APPLICATION FOR CERTIFICATION AS A
MENTAL HEALTH PROFESSIONAL PERSON (MHPP)**

PART I – APPLICANT INFORMATION

A. Personal Information (Current)

Name: _____ **Date:** _____

Home Address: _____
Street Name/P.O. Box City State Zip

Home Phone # _____ **Cell#** _____

Personal Email _____

Work Address:

Name of Organization

Department/Position

Street Name/P.O. Box

_____ _____ _____
City State Zip

Work Phone # _____

Work Email _____

Name of Applicant: _____

B. Education and Training

List below the education/training received for your professional person certification.

| Name & Location of School or Training Organization | Major | Degree | Date |
|--|-------|--------|------|
| | | | |
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List below the education/training received for your professional person certification, as well as CEU's for the past year.

| Name of Program | Title of Training | CEU's | Date |
|-----------------|-------------------|-------|------|
| | | | |
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| | | | |

C. License Information

License Type (LCPC, LCSW, RN) _____

License #

Date Issued

Name of Applicant: _____

D. Letter of Application

Use the space below and/or a separate sheet of paper to write a letter of application to the Certification Committee. This letter should include your reason for applying for certification, your understanding of the statutory responsibilities of a mental health professional person, and your reasons for believing that you can effectively exercise those responsibilities.

Applicant's Signature: _____

Date: _____

Return this form and all supporting documents to:

Prof. Person Certification Committee
Addictive & Mental Disorders Division
P.O. Box 202905
Helena, MT 59620-2905
Fax: (406) 444-9389
Send Through a Secure Email Method to: bgraziano@mt.gov