

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

PART III – REFERENCES

TO THE APPLICANT: The Certification Committee requires three references from peers who can comment on your qualifications as a MHPP, as well as to provide the information requested. Type or print your name and the name of a person who can comment on your qualifications on each form. The completed forms must be sent directly to the Certification Committee by the referee.

Name of Applicant

Dear _____
Name of Referee

You have been asked to provide information regarding the above-named applicant's qualifications to be certified as a MHPP by the State of Montana. Please answer each of the questions below as completely as you can.

1. How long have you known the applicant? _____

2. Describe your professional relationship with the applicant:

3. During your professional relationship, how often do (did) you have contact with the applicant?

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Applicant Name: _____

4. Have you read reports the applicant has written concerning the mental status and treatment needs of persons living with serious mental illness? Yes No Not sure
If yes, please comment on the applicant's skill in these areas:

5. To your knowledge, has the applicant had experience evaluating persons with serious mental illness?
 Yes No Not sure
If yes, please comment on the nature and extent of this experience:

6. To your knowledge, has the applicant had experience treating persons with serious mental illness?
 Yes No Not sure
If yes, please comment on the nature and extent of this experience:

7. Have you had the opportunity to observe this applicant taking part in meetings where a client's treatment plan was developed or reviewed? Yes No Not sure
If yes, please comment on the nature and extent of the applicant's contribution to the discussion

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Applicant Name: _____

8. In your opinion, is the applicant knowledgeable regarding the full range of mental health services available throughout Montana? Yes No Not sure
If yes, please comment on the nature and extent of the applicant's knowledge

9. What evidence, if any, have you observed regarding this applicant's knowledge and understanding of the laws, regulations, and policies that pertain to the rights of persons living with severe mental illness in Montana?

10. Do you recommend this applicant for certification as a MHPP?
 Yes No Not Sure

11. Other Comments (Optional):

I certify that the responses I have given to the above questions represent my best and most complete knowledge regarding the applicant's qualifications to be a MHPP. I understand the important responsibilities that Montana law gives to MHPP, including the authority to approve voluntary admissions to mental health facilities, provide expert testimony regarding the need for institutionalization at commitment hearings, and to develop and supervise treatment plans for individuals in mental health inpatient facilities.

Signature: _____

Printed Name: _____

Position: _____

Date: _____

Return this form to: Prof. Person Certification Committee
Addictive & Mental Disorders Division
P.O. Box 202905
Helena, MT 59620-2905

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Send through Secure Email:
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