

STATE OF MONTANA
DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES

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

INSTRUCTIONS

Please read and follow these instructions when applying for certification as a MHPP.

There are four distinct parts to the application package. For each part, there are procedures for properly submitting the required information and ensuring that all necessary supplementary materials are received by the Certification Committee.

PART I – APPLICANT INFORMATION

1. Complete all sections (Sections A-D).
2. Submit or attach a copy of your current license with your application.

PART II – EMPLOYMENT INFORMATION

1. Make additional copies and document each relevant employment experience.
2. Complete all sections (Sections A-E) for each employment experience.
3. Send the form to the appropriate supervisor for verification and request that the supervisor return the form directly to the Certification Committee.

Note: The applicant's current clinical mental health employment, if any, must be documented using Part II of the application. In documenting sufficient clinical mental health experience to fulfill the minimum requirement for certification, the **most recent** relevant work experience(s) should be used.

PART III – REFERENCES

1. Make additional copies for each reference. Three references are required.
2. Type or print your name and the name of someone who can comment on your qualifications in the treatment of mental illness on each reference form.
3. Ask each referee to complete the form and mail directly to the Certification Committee.

Note: One reference **must** come from the applicant's current clinical supervisor. The applicant should attempt to obtain references from clinical supervisors of **previous** clinical mental health work experiences.

PART IV – ENDORSEMENT

1. Type or print your name and the name of a MHPP who can comment on your understanding of the duties, responsibilities, and rules of a mental health professional person.
2. Ask the endorser to complete the form and mail it directly to the Certification Committee.

Please submit all application materials to:

MHPP Certification Committee
Behavioral Health and Developmental Disabilities Division (BHDD)
PO Box 202905
Helena, MT 59620-2905
Fax: 406-444-7391 or -9389
Email to YGentile@mt.gov