MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DIVISION (BHDD)

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

PART I – APPLICANT INFORMATION

A. BASIC INFORMATION

Name: Date:

Mailing Address: City, State, Zip:

Phone #: Personal Email:

B. EMPLOYMENT INFORMATION

Name of Employer: Position/Title:

Address: City, State, Zip:

Work Phone: Work Email:

Counties you will be serving as a MHPP:

C. EDUCATION AND TRAINING

List below your education and training directly related to professional license:

Name & Location of School	Major/Degree	# of Years Attended	Dates Attended/Completed

List below the education/training CEUs received for your professional license for the past year or attach a list *(must follow your professional license requirement):* ☐ List Attached

Name of Program	Title of Training	CEUs	Dates Attended/Completed

Name of Applicant:

D. PROFESSIONAL LICENSE INFORMATION

License Type (LCSW/LCPC): MT License #:

Original Date Issued: Expiration Date:

Are there any adverse actions on your professional license: ☐ Yes ☐ No

If Yes, please explain:

Other License/certification:

E. LETTER OF APPLICATION

Attach a letter of application that includes the following:

1. Your reason(s) for applying for certification;

2. Your understanding of the statutory responsibilities of a mental health professional person;

3. Describe how you stay current in the field of mental health and substance use disorder, as well as the resources available thorough the State of Montana; and

4. Explain your process of reviewing policies, statutes, regulations, and policies (e.g., federal, state, and local).

I certify that the above information is true to the best of my knowledge:

Applicant Signature: Date:

Return this form and all supporting documents 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 Jen.coen@mt.gov