DMH ADDICTIONS THERAPIST RENEWAL DEADLINE:

September 28, 2012

RENEWAL QUESTIONS:

Questions regarding renewal should be directed to:

DMH Division of PLACE staff at place@dmh.state.ms.us OR (601) 359-1288.

RENEWAL INSTRUCTIONS - DMH Addictions Therapist 2012 Renewal

-SUBMITTING THE RENEWAL PACKET-

1. **COMPLETE** the **applicable form(s)** listed below, along with your **renewal fee** payment:

   - Renewal Application Form – **(Two-Pages; To be signed by the Renewal Applicant and dated)** – pages 4 and 5;
   - Renewal Verification of Employment Form **(IF REQUIRED-Refer to "Verifying Employment" below)** - pg. 6;
   - **$60.00 Renewal Fee** - payable by check or money order; DO NOT send cash; MAKE CHECK/MONEY ORDER PAYABLE TO: MS DEPARTMENT OF MENTAL HEALTH

2. **SUBMIT** your completed renewal packet **(including the renewal fee)** to the following address:

Mississippi Department of Mental Health
Division of Professional Licensure & Certification (PLACE)
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201

Attn: DMH Addictions Therapist Renewal

   - The completed renewal packet should be submitted as soon as possible, but **NO LATER THAN 5:00 p.m., Friday, September 28, 2012**. Postmark dates are not considered; **only the date of receipt counts towards meeting the renewal requirement.**

3. **SUCCESSFUL RENEWAL** - Once successfully renewed, **you will receive a confirmation email** containing a renewal document which indicates continued certification/licensure for the next four-year certification period; in order to receive this email, **please include an email address on the Renewal Application Form.**

   - **If your employer requires verification of your successful renewal, please share your renewal confirmation information with your employer.**

-IMPORTANT RENEWAL INFORMATION; PLEASE READ-

Verifying Continuing Education (CEs):

- **Renewal continuing education (CE) hours are NOT REPORTED AT THE TIME OF RENEWAL. Sufficient documentation to this effect** (e.g., training records; computerized staff development printouts; official college transcripts, if utilizing college credit) **should be housed with the Staff Development Officer (SDO) at your current place of employment.** *You should also keep a personal copy of your continuing education (CE) records.*

- **If you are unsure who your program's designated SDO is, please contact the DMH Division of PLACE for assistance.** *(NOTE: If you change employment during a renewal cycle, it is your responsibility to provide your current SDO a copy of any training records from your previous place of employment that are needed to fulfill your renewal continuing education (CE) requirement.)*

- **For this year's DMH Addictions Therapist renewal, a minimum of 30 continuing education (CE) hours accrued between July 1, 2010 and September 28, 2012,** is required to renew. *(Following the conclusion of this year's renewal season, for subsequent renewal seasons, DMH Addictions Therapists should follow the specific CE Renewal Requirements outlined in Chapter Seven (7) of the current DMH Addictions Therapist Standards & Requirements document (Effective January 1, 2012).*

- **Up to one-half of the required 30 continuing education (CE) hours may be obtained by presenting applicable training events.** Also, appropriate **graduate-level college credit** from an approved educational institution will be accepted to fulfill the continuing education (CE) requirement; one three (3) semester hour course (or its equivalent) is considered to equal 30 continuing education (CE) hours. If you are unsure whether or not a particular conference/workshop etc., will count towards your continuing education (CE) requirement, please have your Staff Development Officer (SDO) contact the Division of PLACE.

- **The DMH Division of PLACE reserves the right to audit continuing education (CE) records** of renewed individuals to determine compliance with the renewal continuing education (CE) requirement. If audited, you (in conjunction with your SDO) will be required to produce documentation to validate your completion of the renewal continuing education (CE) requirement. **Your signature on the Renewal Application Form denotes your understanding of this requirement.**

Verifying Employment

Please refer to the appropriate set of instructions (1 OR 2 below):

1. If you are an employee of a DMH Facility, DMH Central Office, or a Regional Community Mental Health Center (CMHC):

- **You only need to submit the Renewal Verification of Employment Form with your renewal packet IF your employment has changed.**

- **If your place of employment has changed AND you have not already updated your employment information with the DMH Division of PLACE, then you need to include a completed Renewal Verification of Employment Form in your renewal packet.** Otherwise, you do not need to submit this form.

- A change in "place of employment" refers to a change in your overall employer (agency/organization) NOT your specific job title.

OR

2. If you are an employee of any other DMH-Certified/funded agency/organization:

- **A completed Renewal Verification of Employment Form (Page 6) must be submitted with your renewal packet.**

- **The Renewal Verification of Employment Form must be completed by the Personnel Officer at your place of employment. Be sure to follow the directions on the form.**

-SPECIAL SITUATIONS DURING RENEWAL-

NAME CHANGE?

If your legal name has changed, and you have not yet completed the name change process with the DMH Division of PLACE, please follow the name change instructions found in Chapter Nine (9) of the *DMH Addictions Therapist Standards & Requirements (Effective January 1, 2012)* booklet and submit your name change information along with your completed renewal packet. **Your renewal packet will not be processed without submission of the appropriate name change information.**

CHOOSING NOT TO RENEW?

If you do not wish to renew, complete the appropriate section on the enclosed Renewal Application Form and return it to the DMH Division of PLACE at the address listed on Page 1.

-CHANGE TO LAPSED STATUS-

Renewal of professional certification/licensure is required on or before the **September 28, 2012, renewal deadline** in order to maintain "Current" status. **Failure to meet renewal requirements in a timely manner** will result in a change of status from **Current to Lapsed on October 1, 2012.**

Choosing NOT To Renew? See **Page 5** of this Form.

DMH ADDICTIONS THERAPIST RENEWAL APPLICATION FORM - 2012

-Personal Information-

1. **Name:** ☐Mr. ☐Ms. ☐Dr. _____ 2. **Social Security #:** XXX - XX - _____ **(Last 4 Digits)**

3. **Credential to be Renewed** (check one):
   ☐ Certified Addictions Therapist (CAT) ☐ Licensed Clinical Addictions Therapist (LCAT)

4. **Email Address:** _____
   A functional email address is required.

COMPLETE Items 5-7 ONLY IF A CHANGE from your present listing with the Division of PLACE is desired; **your email address is required.**

5. **Mailing Address:** _____
   (Street or P.O. Box)

   _____
   (City) (State) (Zip Code)

6. **Home/Cell Phone #:** _____ 7. **Work Phone #:** _____

-Employment Information-

8. **My current job title is:** _____

9. **I am currently employed at the following facility/mental health center/organization:**

   _____
   List the name of your Current Employer Here

10. **The organization listed above is (check only one option):**
    A. ☐ DMH facility or DMH Central Office B. ☐ Community Mental Health Center (CMHC)
    C. ☐ Other DMH-certified/funded program

11. **CHECK ONE of the three (3) options below and follow the corresponding directions:**

    ☐ I checked either **Option A or Option B** in Item 10 above **AND**
    I **DO NOT** need to report a change in my place of employment. (*"Place" of employment refers to your employer (agency/organization) NOT your specific job title.)*
    DO NOT submit a Renewal Verification Employment Form with your renewal packet; this form is only required if you are reporting a change in your place of employment.

    ☐ I checked either **Option A or Option B** in Item 10 above **AND**
    I **DO** need to report a change in my place of employment. (*"Place" of employment refers to your employer (agency/organization) NOT your specific job title.)*
    SUBMIT an updated Renewal Verification of Employment Form **(Page 6)** with your renewal packet to denote your change in employment; be sure and follow the directions on the form.

    ☐ I checked **Option C** in Item 10 above.
    SUBMIT an updated Renewal Verification of Employment Form **(Page 6)** with your renewal packet; be sure and follow the directions on the form.

This is a two-paged form.
Renewal Applicant Must Sign & Date Page 5

-Renewal Applicant's Statements of Assurance-

- RENEWAL APPLICANT MUST SIGN & DATE BELOW-

Directions: Read the "Renewal Applicant's Statements of Assurance" below. If you agree with the "Renewal Applicant's Statements of Assurance," **sign below and date the form**. *Failure to agree with these terms of renewal will delay and/or prohibit your ability to renew successfully.*

-Renewal Applicant's Statements of Assurance-

I agree that I am the person who completed this application; that I am currently employed in the "state mental health system," as described in the DMH Addictions Therapist Standards & Requirements Booklet (Effective January 1, 2012); **that I have met all continuing education renewal requirements and understand that my renewal continuing education records may be audited by DMH for compliance and that documentation to this effect must be housed with the SDO**; I agree that the statements contained in this Renewal Application are true in every respect; and, that I will conform to the Principles of Ethical and Professional Conduct of the Mississippi Department of Mental Health.

Signature of Renewal Applicant _____

Date _____

-Individuals Choosing NOT TO RENEW (or Requesting Inactive Status)-

I **DO NOT** wish to renew my DMH Addictions Therapist credential. I am returning this notice and request **ONE** of the options below **(check one):**

_____**Retired Status;**
_____**Relinquished Status** (Request must be accompanied by original wall certificate.);
_____**Lapsed Status** (Your credential will automatically Lapse on October 1, 2012, if you do not renew.)

For more information about Retired, Relinquished or Lapsed Status and/or to determine your eligibility, please consult the DMH Addictions Therapist Standards & Requirements Booklet (Effective January 1, 2012) OR contact the Division of PLACE.

CATs/LCATs interested in requesting Inactive Status should also consult this booklet or contact the Division of PLACE for more information; individuals granted Inactive Status must renew by the Addictions Therapist renewal deadline.

INCLUDE your Name and Social Security# on Page 4 of this form (along with any change of address, telephone number, etc.). SIGN and DATE this section only.

_____ _____
Signature *(required)* **Date**

FOR OFFICE USE ONLY

Date Application Packet Received: _____ Last Four Digits of Applicant's SSN: _____
Date Application Reviewed: _____ PLACE Reviewer Initials: _____

☐ Completed Renewal Application Form ☐ A Check/MO for **$60.00.** Date Received (If Received Separately): _____

☐ **AFTER Sept. 28th** Late Renewal Fee Received – Date Received: _____

☐ Date Renewal Email/Mail Confirm Sent: _____ Date Problem Letter/Request for More Information Sent: _____

Renewal Applicant Name: _____ **SSN: XXX-XX-**_____
(Last 4 Digits)

RENEWAL VERIFICATION OF EMPLOYMENT FORM

(To be completed by the Personnel Officer at the Renewal Applicant's current place of employment)

Directions: This form is to be completed by the Personnel Officer at the Renewal Applicant's current place of employment. Please type or print ALL INFORMATION; fill in every blank or check the appropriate boxes. Upon completion, **the Personnel Officer should seal the form in an envelope and sign his/her name across the envelope's seal.** The signature on the envelope should match the signature on the enclosed form. The Personnel Officer should then **return the sealed envelope to the Renewal Applicant** for submission to the Division.

1. **Employment:**

Renewal Applicant's Name & SSN	**Renewal Applicant Name:**		
	Social Security Number: XXX-XX-_____ **(Last 4 Digits)**		
Renewal Applicant's PLACE OF EMPLOYMENT	**Overall Agency/Organization/Facility Name:**		
Employer Address:	**Street/P.O. Box:**		
	City:	**State:**	**Zip:**
Renewal Applicant's Specific Service Area:	Renewal Applicant's **Specific Service Area**:		
Renewal Applicant's Job Title & Date of Hire	**Job Title:**	**Date of Hire:**	

2. **Background Check: (No one will be credentialed without proof of criminal background checks.)**

   As appropriate to the Applicant's position and professional responsibilities, have background checks been conducted regarding this Applicant? ❑YES ❑NO (Provide explanation)

   Explanation: _____

3. **State Mental Health System Qualification: (Check the appropriate qualification).**

   a. The applicant/employee **currently** works for an agency/organization **and** in a specific service area which is **funded and/or certified** by the Mississippi Department of Mental Health.
   ❑YES ❑NO

   b. This applicant/employee **currently** works for a facility/organization which is **operated by** the Mississippi Department of Mental Health.
   ❑YES ❑NO

4. **Personnel Officer's Name:** _____ **Email:** _____
   (Printed or Typed)

_____ _____
Signature of Personnel Officer **Date**