

LICENSED DMH  
ADMINISTRATOR  
RENEWAL DEADLINE:

December 31, 2013



**RENEWAL QUESTIONS:**

Questions regarding renewal should be directed to:

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

**RENEWAL INSTRUCTIONS –  
LICENSED DMH ADMINISTRATOR  
2013 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 3 and 4;
  - Renewal Verification of Employment Form **(If required -Refer to “Verifying Employment”)** - pg. 5;
  - **\$50.00 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)  
239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201

Attn: Licensed DMH Administrator Renewal

- The completed renewal packet should be submitted as soon as possible, but **NO LATER THAN 5:00 p.m., Tuesday, December 31, 2013**. 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 licensure for the next two-year period; in order to receive this email, **please include an email address on the Renewal Application Form**. Your Staff Development Officer (SDO) will also receive an email confirmation of your renewal.

**-IMPORTANT RENEWAL INFORMATION; PLEASE READ-**

**Verifying Continuing Education (CE) Hours:**

- **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 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 requirement.*)
- **A minimum of 40 continuing education (CE) hours accrued between January 1, 2012, and December 31, 2013,** is required to renew your credential.
- ***If you did not obtain your Licensed DMH Administrator (LA) license until after the beginning of the current licensure period (January 1, 2012), you can still count appropriate CE hours obtained prior to having received your license, as long as these CE hours fall within the aforementioned time frame.***
- **Up to one-half of the required 40 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 equal to 30 continuing education (CE) hours. If unsure whether a particular conference/workshop etc., will count towards your CE renewal requirement, please contact the Division of PLACE.
- At the conclusion of the Renewal Season, **the DMH Division of PLACE will conduct an audit of randomly-selected renewed individuals to determine compliance with the Continuing Education (CE) renewal requirement.** If audited, you (in conjunction with your SDO) will be required to produce documentation to validate your completion of the renewal CE requirement. **Your signature on the Renewal Application Form denotes your understanding of this requirement.**

**Verifying Employment:**

- **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.**)

**-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 contact PLACE **prior to** submission of your renewal packet to obtain name change instructions and then 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 licensure is required on or before the **December 31, 2013, 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 January 1, 2014.**

# LICENSED DMH ADMINISTRATOR RENEWAL APPLICATION FORM – 2013

(ATTN: This is a TWO-PAGED Form.)

## -Personal Information-

1. Name:  Mr. \_\_\_\_\_  Ms. \_\_\_\_\_  Dr. \_\_\_\_\_  
2. Social Security #: XXX - XX - \_\_\_\_\_ (Last 4 Digits)

Choosing NOT To Renew? Interested in Inactive Status? See Page 4 of this Form.

3. Email: \_\_\_\_\_  
**Email address is required.**

**COMPLETE Items 4-6 ONLY IF a CHANGE** from your present listing with the Division of PLACE is desired; your email address is required.

4. Mailing Address: \_\_\_\_\_  
(Street or P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

5. Home/Cell Phone #: \_\_\_\_\_ 6. Work Phone #: \_\_\_\_\_

## -Employment Information-

7. My current job title/position is: \_\_\_\_\_

8. I am currently employed at the following overall program/mental health center/agency/organization:

List the name of your Current Employer Here

9. CHECK **ONE** of the two (2) options below and follow the corresponding directions:

- 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 **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 5**) with your renewal packet to denote your change in employment; be sure and follow the directions on the form.

This is a two-paged form.  
Renewal Applicant Must Sign & Date Page 4 

**-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 these statements, **sign below and date the form.** *Failure to agree with terms of renewal will delay or prohibit your ability to renew.*

**-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 Licensed DMH Administrator Booklet (Chapter 1, Page 2); **that I have met all continuing education (CE) renewal requirements and understand that my renewal CE records may be audited by the Division of PLACE for compliance and that documentation to this effect must be housed with the appropriate 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 Department of Mental Health.*



**Signature of Renewal Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_

**-Individuals Choosing NOT TO RENEW (OR Interested in Inactive Status)-**

I **DO NOT** wish to renew my Licensed DMH Administrator 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 January 1, 2014, if you do not renew.)

***For more information about Retired, Relinquished or Lapsed Status and/or to determine your eligibility, please consult the current Licensed DMH Administrator Booklet (effective 5/24/2002) OR contact the Division of PLACE. Licensed DMH Administrators (LAs) who have left the "state mental health system" and are 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 LA renewal deadline.***

**INCLUDE** your Name and Social Security# on Page 3 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 Packet Reviewed: \_\_\_\_\_ PLACE Reviewer Initials: \_\_\_\_\_

Completed Renewal Application Form

A Check or Money Order in the amount of **\$50.00**. Date Received (If Received Separately): \_\_\_\_\_

**AFTER Dec 31<sup>st</sup>** Late Renewal Fee Received – Date Received: \_\_\_\_\_

Date Renewal Email/Mail Confirmation Sent: \_\_\_\_\_

Date Problem Letter/Request for More Information Sent: \_\_\_\_\_

Renewal Applicant Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_ Last 4 Digits

## RENEWAL VERIFICATION OF EMPLOYMENT FORM

**IF FORM IS REQUIRED:** (To be completed by the Personnel Officer at the Renewal Applicant's current place of employment)

**ATTENTION:** This form is required only if your employment has changed and you have not already submitted a Verification of Employment Form reflecting this change.

**Directions (IF FORM IS REQUIRED):** 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:**

<b>Renewal Applicant's Name &amp; SSN</b>	Renewal Applicant Name: _____	
	Social Security Number: XXX-XX-_____ <span style="float: right;">(Last 4 Digits)</span>	
<b>Renewal Applicant's Current Place of Employment &amp; Place of Employment(Physical) Street Address</b>	Overall Agency/Organization/Facility Name: _____	
	Place of Employment (Physical) <b>Street Address (Information must be included):</b> _____	
<b>Renewal Applicant's Job Title &amp; Date of Hire</b>	Job Title: _____	Date of Hire: (Only Report a Single 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 which is funded and/or certified by the Mississippi Department of Mental Health.       YES       NO (Provide Explanation)

b. This applicant/employee currently works for an agency/organization which is operated/administered by the Mississippi Department of Mental Health.       YES       NO (Provide Explanation)

4. Personnel Officer Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Personnel Officer

\_\_\_\_\_  
Date

