

**MH THERAPIST  
RENEWAL DEADLINE:**

**June 30, 2014**



**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 - MH Therapist  
2014 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 IN BLUE INK** and dated) – pages 3 and 4;
  - Renewal Verification of Employment Form (**IF REQUIRED-Refer to “Verifying Employment” below**) - pg. 5;
  - **\$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)  
239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201**

**Attn: MH Therapist Renewal**

- The completed renewal packet should be submitted as soon as possible, but **NO LATER THAN 5:00 p.m., Monday, June 30, 2014**. 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 two-year certification/licensure period; in order to receive this email, **please include an email address on the Renewal Application Form**. Your Staff Development Officer(s) (SDO) will also receive an email confirmation of your renewal.

**-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.*)
- **A minimum of 30 continuing education (CE) hours accrued between July 1, 2012 and June 30, 2014,** is required to renew.
- ***If you obtained your CMHT credential after the beginning of the current certification/licensure period (July 1, 2012), you can still count appropriate CE hours which were earned prior to having received your credential, as long as these appropriate CE hours fall within the aforementioned time frame.***
- **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:**

- **You only need to submit the Renewal Verification of Employment Form (page 5) with your renewal packet IF your place of 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 follow the name change instructions found on pages 33 and 38 of the MH Therapist Booklet (blue 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 **June 30, 2014, 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 July 1, 2014.**

## MH THERAPIST RENEWAL APPLICATION FORM - 2014

### -Personal Information-

1. Name:  Mr. \_\_\_\_\_  Ms. \_\_\_\_\_  Dr. \_\_\_\_\_
2. Social Security #: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)
3. Credential to be Renewed (check one):  
 Certified MH Therapist (CMHT)  Licensed Clinical MH Therapist (LCMHT)
4. Email Address: \_\_\_\_\_  
**(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/position is: \_\_\_\_\_
9. I am currently employed at the following overall program/mental health center/agency/organization:

**List the name of your Current Employer Here**

10. 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 in BLUE INK** & Date Page 4 



