



Mississippi Department of Mental Health (DMH)  
Division of Professional Licensure and Certification (PLACE)

## DMH PLACE Professional Credentialing

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### DMH Licensed Administrator Application Forms LA

Effective Date – June 30, 2017

#### **CONTACT INFORMATION**

*Mississippi Department of Mental Health (DMH)  
Bureau of Outreach, Planning and Development (OPD)  
Division of Professional Licensure and Certification (PLACE)  
1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201  
601-359-1288  
[place@dmh.ms.gov](mailto:place@dmh.ms.gov)*

#### **IMPORTANT NOTICE:**

Only individuals who are currently employed in Mississippi's "state mental health system," as defined in the most current version of the *DMH PLACE Professional Credentialing Rules and Requirements* document are eligible to apply for a DMH professional credential. This document is located on the "PLACE" page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov). Please review credentialing requirements in this document before submitting an application.

## DMH Licensed Administrator “Program Participant” Phase – **NOT Licensure\***

**\*Individuals designated as DMH Licensed Administrator “Program Participants” DO NOT hold the “DMH Licensed Administrator” (LA) professional credential.**

In order to be eligible to apply for admission into the DMH Licensed Administrator Program as a “Program Participant,” an individual must meet ALL of the requirements listed below. Before submitting an application, be sure to review the complete description of DMH Licensed Administrator “Program Participant” requirements and the complete application process located in the most current version of the *DMH PLACE Professional Credentialing Rules and Requirements* document, hereafter referred to as the *Rules and Requirements* document. This document is located on the “PLACE” page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov).

### DMH Licensed Administrator “Program Participant” Phase - General Requirements Overview

DMH Licensed Administrator Program Overview of Requirements for “Program Participant” Phase (NOT Licensure)	Description
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Must be <u>currently</u> employed in Mississippi’s “state mental health system,” as defined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please check with your Personnel Office.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Education Requirement outlined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program Staff Development Officer (SDO).</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• All applicants must read and abide by the “DMH Principles of Ethical and Professional Conduct” located in the <i>Rules and Requirements</i> document. It is the applicant’s responsibility to read these principles before signing and submitting the application. (Applicants should also review the corresponding “Grounds for Disciplinary Action.”)</li> <li>• Applicants must inform the Division of PLACE of any previous or pending disciplinary action against them by any professional credentialing body or association.</li> </ul>
<b>Criminal Background Checks</b>	<ul style="list-style-type: none"> <li>• As part of the application process, the Division of PLACE ensures that employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of background checks.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• A minimum of four years (48 months or its full-time equivalent) of full-time work experience in the fields of (and/or at an organization for) behavioral health and/or intellectual or developmental disabilities is required; experience must be supervised and verified by a qualified supervisor; at least two of the years of experience credited to meet the work experience requirement must have been in the state of Mississippi and at least two of the years credited to meet the work experience requirement must have been in an administrative position, as defined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Sponsorship</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Sponsorship Requirement outlined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Letters of Support</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Letters of Support Requirement outlined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Independent Study and Training</b>	<ul style="list-style-type: none"> <li>• NONE – Completion of the LA Independent Study and Training Requirement is NOT required to apply for DMH Licensed Administrator “Program Participant”; once an individual is admitted into the DMH Licensed Administrator Program as a “Program Participant,” he/she obtains licensure as a “DMH Licensed Administrator” by successfully completing the DMH Licensed Administrator Independent Study and Training (IST) requirement</li> </ul>

## DMH Licensed Administrator (LA) – Licensure

### Individuals eligible to apply for the DMH Licensed Administrator credential (LA) are as follows:

- DMH Licensed Administrator Program Participants who have successfully completed the DMH Licensed Administrator Independent Study and Training (IST) requirement by their required timeline may apply for licensure as a DMH Licensed Administrator (LA) on or before their prescribed deadline, as outlined in the *Rules and Requirements* document.
- Individuals initially meeting the requirements for DMH Licensed Administrator (LA), as outlined below, should apply directly for licensure, thereby skipping the DMH Licensed Administrator “Program Participant” phase. Otherwise, an individual applies for admission into the DMH Licensed Administrator Program as a “Program Participant” and then later, once the DMH Licensed Administrator Independent Study and Training (IST) requirement is met, the individual applies for licensure, permitting all applicable timelines are met.

In order to be eligible to apply for the **DMH Licensed Administrator credential (LA)**, **an individual must meet ALL of the requirements listed below**. **Before submitting an application**, be sure to review the complete description of DMH Licensed Administrator (LA) requirements and the complete application process located in the most current version of the *DMH PLACE Professional Credentialing Rules and Requirements* document, hereafter referred to as the *Rules and Requirements* document. This document is located on the “PLACE” page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov).

### DMH Licensed Administrator (LA) Licensure - General Requirements Overview

<b>DMH Licensed Administrator (LA) Program Overview of Requirements for Licensure as a DMH Licensed Administrator (LA)</b>	<b>Description</b>
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Must be <b>currently</b> employed in Mississippi’s “state mental health system,” as defined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please check with your Personnel Office.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Education Requirement outlined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program Staff Development Officer (SDO).</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• All applicants must read and abide by the “DMH Principles of Ethical and Professional Conduct” located in the <i>Rules and Requirements</i> document. It is the applicant’s responsibility to read these principles before signing and submitting the application. (Applicants should also review the corresponding “Grounds for Disciplinary Action.”)</li> <li>• Applicants must inform the Division of PLACE of any previous or pending disciplinary action against them by any professional credentialing body or association.</li> </ul>
<b>Criminal Background Checks</b>	<ul style="list-style-type: none"> <li>• As part of the application process, the Division of PLACE ensures that employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of background checks.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• A minimum of four years (48 months or its full-time equivalent) of full-time work experience in the fields of (and/or at an organization for) behavioral health and/or intellectual or developmental disabilities is required; experience must be supervised and verified by a qualified supervisor; at least two of the years of experience credited to meet the work experience requirement must have been in the state of Mississippi and at least two of the years credited to meet the work experience requirement must have been in an administrative position, as defined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Sponsorship</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Sponsorship Requirement outlined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Letters of Support</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Licensed Administrator Letters of Support Requirement outlined in the <i>Rules and Requirements</i> document</li> </ul>
<b>Independent Study and Training</b>	<ul style="list-style-type: none"> <li>• DMH Licensed Administrator (LA) Program Participants have two (2) Independent Study and Training options from which to choose in order to obtain licensure.</li> <li>• LA Program Participants choose ONE (1) of the two (2) Independent Study and Training options in order to obtain DMH Licensed Administrator (LA) licensure, as outlined in the <i>Rules and Requirements</i> document.</li> </ul>

## General Application Directions

### General Application Directions

- Applicants should read all directions and application materials before beginning the application process. **Each application form has specific directions which must be followed.**
- Certain application forms must bear original signatures, as indicated on the form. Copies or faxes are not accepted.
- Be sure to provide all information requested. Every blank should have a response, even if it is “Not Applicable.”
- With the exception of the official transcript, all application materials must be submitted together in one application packet. The official transcript can either be included in the application packet or sent to the DMH Division of PLACE directly from the college/university. This is the only application piece which may be submitted separately.
- The official transcript must be submitted in a sealed college/university envelope and document that the educational requirement has been met. If sent to you, **do not open it** before placing it in your application packet. If, however, the applicant chooses to submit his/her official transcript(s) in an electronic format, it is the applicant’s responsibility to have the college/university submit, along with the electronic transcript, sufficient documentation to verify that the electronic transcript is an official copy; accordingly, such documentation will be subject to Division of PLACE/PLACE Review Board approval.
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has the necessary official copy of your transcript on file, you should designate this information in the appropriate space on the Application Form. If this is the case, submitting another official transcript is not necessary.
- All submission deadlines reflect the date received by the DMH Division of PLACE, not postmarked dates.
- The PLACE Review Board only considers complete applications; all application deficiencies must be resolved.
- Only forms prescribed by the DMH Division of PLACE may be utilized to apply for certification. Application forms may be changed without prior notice. The most current version should be utilized.
- Once submitted, all application materials become the property of DMH. Application materials will not be returned; the applicant should keep a copy of the application materials, except those under seal.
- All fees pertaining to DMH professional credentialing are nonrefundable and nontransferable. If an application or other credentialing fee is submitted in error, it will not be refunded.
- **The DMH Licensed Administrator Application Fee is \$75.00.** Fees must be paid in full by **check or money order** made payable to the Mississippi Department of Mental Health. **Cash is not accepted.** **Individuals who paid the application fee when applying for admission into the DMH Licensed Administrator (LA) program as a “Program Participant” DO NOT PAY this fee again when applying for licensure as a DMH Licensed Administrator (LA).** However, individuals applying directly for licensure (i.e., completely bypassing the “Program Participant” phase) **must pay** this one-time fee. Refer to the *Rules and Requirements* document for additional information.
- No application is considered complete without the required fees.
- Processing of an application will cease upon return of a check due to insufficient funds.

## Application Packet Checklist

To apply for **admission into the DMH Licensed Administrator (LA) program as a “Program Participant,”** an individual should submit an **application packet** which contains the following:

**LA Application Form – Pages 8, 9, and 10**

- Must be signed by the Applicant in **BLUE INK** and dated

**LA Application Form; Sponsorship Designation Form - Page 11**

- Must be signed by the Sponsor and dated
- Must be placed in a **signed/sealed envelope** (by the sponsor), according to the form’s directions, and returned to the Applicant for inclusion with the application packet

**LA Verification of Employment Form – Page 12**

- Must be completed by the Personnel Office at the applicant’s current place of employment and placed in a signed/sealed envelope, according to the directions on the form
- Must show proof of current employment in Mississippi’s “State Mental Health System”
- Must show proof that Criminal Background Checks have been conducted

**LA Verification of Work Experience Form – Pages 13 and 14**

- Must be completed by a “Qualified Supervisor” – refer to the *Rules and Requirements* document for “Qualified Supervisor” information
- Must be placed in a **signed/sealed envelope** (by the supervisor), according to the form’s directions, and returned to the Applicant for inclusion with the application packet

**Letters of Support**

- Three (3) letters of support are required. Each letter is to be sealed in a separate envelope and signed across the envelope’s seal by the letter’s author.

**Official Transcript**

- Include an official copy of your transcript(s) in your application packet **OR**
- Have the college or university submit the official transcript(s) directly to the DMH Division of PLACE **OR**
- Designate on your Application Form that the DMH Division of PLACE already has your official transcript(s) on file

**Application Fee – \$75.00**

- Payable by check or money order to the “Mississippi Department of Mental Health”
- **Cash is not accepted.**
- Application fees are nonrefundable and nontransferable.

**Once a DMH Licensed Administrator “Program Participant” has completed the Independent Study and Training requirement, the individual should apply for licensure as a DMH Licensed Administrator (LA), by submitting an application packet which contains the following:**

**LA Application Form – Pages 8, 9, and 10**

- Must be signed by the Applicant in **BLUE INK** and dated

**LA Verification of Employment Form – Page 12**

- Must be completed by the Personnel Office at the applicant’s current place of employment and placed in a signed/sealed envelope, according to the directions on the form
- Must show proof of current employment in Mississippi’s “State Mental Health System”
- Must show proof that Criminal Background Checks have been conducted

**Independent Study and Training Requirement Documentation:**

- If the applicant completed Independent Study and Training Requirement **Option One**, as outlined in the *Rules and Requirements* document:
  - Copy of CPM Certificate; and,
  - Copy of Focus Certificate.
- If the applicant completed Independent Study and Training Requirement **Option Two**, as outlined in the *Rules and Requirements* document:
  - Copy of CPM Certificate
  - The Division maintains a copy of DMH Licensed Administrator Program Examination completion records; the applicant does not have to submit a copy of this information.

**If the LA applicant is applying directly for licensure (i.e., completely bypassing the Program Participant phase), an individual should submit an **application packet** which contains the following:**

**LA Application Form – Pages 8, 9, and 10**

- Must be signed by the Applicant in **BLUE INK** and dated

**LA Application Form; Sponsorship Designation Form - Page 11**

- Must be signed by the Sponsor and dated
- Must be placed in a signed/sealed envelope (by the sponsor), according to the form’s directions, and returned to the Applicant for inclusion with the application packet

**LA Verification of Employment Form – Page 12**

- Must be completed by the Personnel Office at the applicant’s current place of employment and placed in a signed/sealed envelope, according to the directions on the form
- Must show proof of current employment in Mississippi’s “State Mental Health System”
- Must show proof that Criminal Background Checks have been conducted

**LA Verification of Work Experience Form – Pages 13 and 14**

- Must be completed by a “Qualified Supervisor” – refer to the *Rules and Requirements* document for “Qualified Supervisor” information
- Must be placed in a signed/sealed envelope (by the supervisor), according to the form’s directions, and returned to the Applicant for inclusion with the application packet

**Letters of Support**

- Three (3) letters of support are required. Each letter is to be sealed in a separate envelope and signed across the envelope's seal by the letter's author.

**Official Transcript**

- **If progressing from LA Program Participant to LA licensure**, no additional transcript is required.
- **If applying DIRECTLY for licensure (not "Program Participant")**:
  - Include an official copy of your transcript(s) in your application packet **OR**
  - Have the college or university submit the official transcript(s) directly to the Division of PLACE **OR**
  - Designate on your Application Form that the Division of PLACE already has your official transcript(s) on file

**Application Fee (IF applying directly for licensure, not "Program Participant") - \$75.00**

- **If progressing from LA Program Participant to LA licensure**, no application fee is required.
  - Individuals who paid the application fee when applying for DMH Licensed Administrator "Program Participant" **DO NOT PAY** this fee again.
  - DO NOT pay the application fee twice; application fees are nonrefundable and nontransferable.
- **IF applying DIRECTLY for licensure (not "Program Participant")**, you must pay the application fee.
  - Payable by check or money order to the "Mississippi Department of Mental Health"
  - **Cash is not accepted.**
  - Application fees are nonrefundable and nontransferable.

**Independent Study and Training Requirement Documentation:**

- If the applicant completed Independent Study and Training Requirement **Option One**, as outlined in the *Rules and Requirements* document:
  - Copy of CPM Certificate; and,
  - Copy of Focus Certificate.
- If the applicant completed Independent Study and Training Requirement **Option Two**, as outlined in the *Rules and Requirements* document:
  - Copy of CPM Certificate
  - The Division maintains a copy of DMH Licensed Administrator Program Examination completion records; the applicant does not have to submit a copy of this information.

**Mail your complete application packet to:**

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

# DMH Licensed Administrator (LA) Program Application Form

*ATTENTION: (This is the Application Form to apply for "Program Participant" AND for licensure.)*

**Directions:** This form is to be completed by the Applicant. Fill in every blank (even if the response is "Not Applicable" and/or check the appropriate boxes. The application MUST BE signed by the Applicant in **BLUE INK** and dated.

**Check the appropriate box:**

<input type="checkbox"/> Applicant is applying for admission as a DMH Licensed Administrator (LA) <b><u>"Program Participant"</u></b> <div style="text-align: center;"><b>OR</b></div> <input type="checkbox"/> Applicant is applying for <b><u>licensure</u></b> as a DMH Licensed Administrator (LA)
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## Personal Information

1. a. Name:  Mr.  Ms. \_\_\_\_\_  
 Dr. (Type or Print name EXACTLY as it should appear on the certificate.)

b. Name(s) used on Transcripts/Records if different from above: \_\_\_\_\_  
 \_\_\_\_\_

2. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. Gender:  Male  Female  
 (This is the only place your complete SSN is required. Everywhere else, indicate only the last four digits of your SSN.)

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

5.

<u>Mailing Address</u>	Street Address or P.O. Box:		
City, State, Zip	City:	State:	Zip:
<u>County of Residence</u>			
Home /Cell Telephone Numbers	Home Number:	Cell Number:	
<b>Email Address (REQUIRED)</b>			

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **a functional email address is mandatory.**

## Employment Information

6.

<b><u>CURRENT</u></b> Place of Employment			
Place of Employment (Physical) <b><u>Street Address</u></b>	Street Address:		
City, State, Zip	City:	State:	Zip:
Office Telephone Number			



Applicant's Printed Name \_\_\_\_\_  
 (Please type or print)

SSN: XXX-XX-\_\_\_\_\_  
 (Last 4 Digits)

7.

**DMH Licensed Administrator Program – Sponsor Designation**

List here the <b>name and place of employment of your "Qualified Sponsor,"</b> as outlined in the <i>Rules and Requirements</i> document	Sponsor's Name:
	Sponsor's Place of Employment:

**DMH Professional Credentialing History/Information**

8.

Do you currently hold (or have you ever held) any <b>Mississippi Department of Mental Health (DMH)</b> professional credential?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes," please list the type(s) of <b>Mississippi Department of Mental Health (DMH)</b> Professional Credential(s) held, along with the credential expiration date(s) (if known)	<b>Credential Type(s)</b>	<b>Expiration Date(s)</b>

**Additional Professional Credentialing History/Information**

9.

Have you ever had any disciplinary action taken against you by DMH OR <b>any other professional credentialing body/association</b> OR do you presently have any pending disciplinary action?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes," the following items must be completed: the name of the credential; the name of the credentialing body; and, a brief explanation of the previous or pending action.	Credential Name:	
	Credentialing Body:	
	Brief explanation of previous/pending action (use reverse side or attachment if needed):	

**Educational/Official Transcript Information**

**Directions FOR THIS SECTION ONLY:**  
**If applying DIRECTLY for licensure (i.e., completely bypassing the "Program Participant" phase), you MUST Complete** the Educational/Transcript Information below.  
**If progressing from LA Program Participant to LA licensure, you MAY Omit** the Educational/Transcript Information below.

10.

List all earned <b>Graduate-Level</b> Degree(s) Title(s) & Major(s)	
Date <b>Graduate-Level</b> Degree(s) listed above was Awarded/Conferred (Month/Year)	
List the name(s) of <u>ALL</u> College/Universities from which you are submitting <u>official</u> transcripts to show education requirement is met.	
My official transcript(s) is/are included in this application packet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
My official transcript(s) is/are being mailed/emailed directly to PLACE by the educational institution.	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLACE already has an <u>official</u> copy of my transcript(s) on file.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**Applicant's Printed Name** \_\_\_\_\_  
(Please type or print)

**SSN: XXX-XX-** \_\_\_\_\_  
(Last 4 Digits)

**Required Work Experience**

A minimum of four years (48 months or its full-time equivalent) of full-time work experience in the fields of (and/or at an organization for) behavioral health and/or intellectual or developmental disabilities, supervised and verified by a qualified supervisor is required; at least two of the years of experience credited to meet the work experience requirement must have been in the state of Mississippi and at least two of the years credited to meet the work experience requirement must have been in an administrative position, as outlined in the current *DMH PLACE Professional Credentialing Rules and Requirements* document; **I have included Verification of Work Experience Form(s) from the following supervisor(s):**

<b>11. List the name(s) of each Supervisor who completed a Verification of Work Experience Form(s) for you.</b>  You may submit more than one Verification of Work Experience Form, if needed; list each supervisor's name separately.	<b>Supervisor's Name(s):</b>

**Independent Study and Training Component**

<b>12. DMH Licensed Administrator Independent Study and Training Requirement (IST)</b>	I completed IST Option One AND a copy of my CPM and Focus Certificates are included with this application. (check one option below): <input type="checkbox"/> Yes <input type="checkbox"/> No
	I completed IST Option Two AND a copy of my CPM Certificate is included with this application. (check one option below): <input type="checkbox"/> Yes <input type="checkbox"/> No  The Division maintains a copy of DMH Licensed Administrator Program Examination completion records; the applicant does not have to submit a copy of this information.


**-APPLICANT MUST SIGN & DATE BELOW-**

**Directions:** Read the "Applicant's Statements of Assurance" below. If you agree with the "Applicant's Statements of Assurance," **print/type your full name and last four digits of your SSN in the designated space below, then sign below in BLUE INK and date the form.** Failure to agree with these terms will delay and/or prohibit processing your application.

**-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 current *\*DMH PLACE Professional Credentialing Rules and Requirements* document; that the statements contained herein are true in every respect; **that I have read the current *\*DMH PLACE Professional Credentialing Rules and Requirements* document and the "DMH Principles of Ethical and Professional Conduct" (and corresponding "Grounds for Disciplinary Action") and will abide by these Rules and Requirements and "Principles";** that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that I understand that upon certification, certain certification data are considered public information; that I release DMH (and its representatives) from all liability and claims arising from any services rendered by the undersigned; that I have read and understood these "Applicant's Statements of Assurance"; that I understand that all application materials become the property of DMH and will not be returned; and, that I understand that the application fee is nonrefundable/nontransferable. \*(The current *DMH PLACE Professional Credentialing Rules and Requirements* document is available online at the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov).)

**Applicant's Printed/Typed Name:** \_\_\_\_\_ **SSN:** XXX-XX- \_\_\_\_\_  
(Last 4 Digits)

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

 **(Signature in Blue Ink)**

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

# DMH Licensed Administrator (LA) Program - Sponsorship Designation Form

## Directions FOR THIS FORM ONLY:

- **If applying for admission into the DMH Licensed Administrator program as a “Program Participant,”** this form **MUST** be included in the application packet.
- **If applying DIRECTLY for licensure (i.e., completely bypassing the “Program Participant” phase),** this form **MUST** be included with the application packet.
- **If progressing from LA Program Participant to LA licensure,** you **MAY** Omit this form.

### PART ONE – APPLICANT

Applicant’s Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_ (Last 4 Digits)

#### Applicant Instructions:

- Complete your name and SSN above.
- Submit this form (**page 11**) to your chosen DMH Licensed Administrator Qualified Sponsor; make sure the individual you select as your “Qualified Sponsor” meets the qualifications to be a “Qualified Sponsor,” as outlined in the *Rules and Requirements* document.
- Once the form is completed by your Qualified Sponsor, retrieve the form in a **signed/sealed** envelope from your Qualified Sponsor and include in your application packet. **Do NOT open the sealed envelope.**

### PART TWO - SPONSOR

#### Qualified Sponsor Instructions:

- Verify that you meet the qualifications to be a “Qualified Sponsor”; otherwise, return this form to the applicant.
- **Complete ALL information below.** If you make an error, mark through it, write the correction above or beside the error and initial.
- **Sign and date this form.** Enclose the form (**page 11**) in a sealed envelope; sign your name over the envelope’s seal. **The form will not be accepted unless it is submitted in a signed/sealed envelope with the signature on the form matching the signature on the seal.**
- **Return the completed form in a signed/sealed envelope to the applicant.**

#### 1. SPONSOR’S Current Information:

<u>Sponsor’s</u> Name/Job Title	Sponsor Name:		
	Sponsor Job Title:		
<u>Sponsor’s</u> Place of Employment	Overall Agency/Organization/Program Name:		
Business (Physical) <u>Street Address</u>			
City, State, Zip	City:	State:	Zip:
Business Contact Information	Phone:	Email:	
<u>Sponsor’s</u> Qualification (Check One)	<input type="checkbox"/> I hold a current position as an <u>Executive Director</u> (i.e., top-level administrator) of a “state mental health system” program or agency.  <input type="checkbox"/> I hold the DMH Licensed Administrator (LA) credential in good standing.  <input type="checkbox"/> I hold the current position of chair of a governing board or commission of a “state mental health system” program or agency.		

I am willing to sponsor the above-named DMH Licensed Administrator Applicant in his/her endeavor to obtain the DMH Licensed Administrator (LA) credential. I understand the duties and responsibilities of sponsorship, as outlined in the current *DMH PLACE Professional Credentialing Rules and Requirements* document, and I am willing to accept these duties and responsibilities.

\_\_\_\_\_  
Signature of Sponsor

\_\_\_\_\_  
Date Form Completed

# VERIFICATION OF EMPLOYMENT FORM (DMH Licensed Administrator)

*Attention: (This is the Verification of Employment Form for "Program Participant" AND for licensure.)*

**Directions:** This form is to be completed by the Personnel Officer at the 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 Applicant for submission to the Division.

**1. Employment:**

<b>Applicant/Employee's Name &amp; SSN</b>	Applicant/Employee Name: _____  Social Security Number: XXX-XX-_____ <div style="text-align: right; font-size: small;">(Last 4 Digits)</div>
<b>Applicant/Employee's Current Place of Employment &amp; Place of Employment (Physical) Street Address</b>	Overall Agency/Organization/Program Name: _____  Place of Employment (Physical) <b>Street Address</b> (Information must be included): _____
<b>Applicant/Employee's Date of Hire</b> (Only Report a Single Date of Hire)  OR (if applicable) <b>Applicant/Employee's Date of Transfer</b> - (Refer to the <i>Rules and Requirements</i> document for instruction on reporting Date of Hire vs. Date of Transfer)	_____ / _____ / _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
<b>Applicant/Employee's Job Title</b>	_____

**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. This applicant/employee **currently** works for an agency/organization which is **certified and/or funded** by the Mississippi Department of Mental Health.       YES       NO (Provide explanation)  
 Explanation: \_\_\_\_\_

b. This applicant/employee **currently** works for a program which is **operated/administered** by the Mississippi Department of Mental Health.       YES       NO (Provide explanation)  
 Explanation: \_\_\_\_\_

4. Personnel Officer's Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
**Date Form Completed**

## VERIFICATION OF WORK EXPERIENCE FORM for DMH Licensed Administrator (LA)

**GENERAL DIRECTIONS:** Please type or print clearly ALL INFORMATION; fill in every blank and/or check the appropriate boxes. Specific Applicant and Supervisor instructions are listed below.

### PART ONE – APPLICANT

Applicant's Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_  
(Last 4 Digits)

**Applicant Instructions:**

- Complete your name and SSN above.
- Submit this form (**pages 13 and 14**) to your supervisor.
- If you have more than one supervisor under whom you completed your required work experience, submit a separate form for each supervisor.
- Once the form is completed by your supervisor, retrieve the form in a **signed/sealed** envelope from your supervisor and include in your application packet. **Do NOT open the sealed envelope.**

### PART TWO- SUPERVISOR

**Supervisor Instructions:**

- Verify that you meet the supervisor qualifications to complete and sign this form; otherwise, return this form to the applicant.
- **Complete ALL information below.** If you make an error, mark through it, write the correction above or beside the error and initial.
- **Sign and date this form.** Enclose the form (**pages 13 and 14**) in a sealed envelope; sign your name over the envelope's seal. **The form will not be accepted unless it is submitted in a signed/sealed envelope with the signature on the form matching the signature on the seal.**
- This information will be kept confidential by the Division, although the Applicant may be informed as to whether the evaluation is generally favorable or unfavorable.
- **Return the completed form in a signed/sealed envelope to the applicant.**

#### 1. **SUPERVISOR'S Current Information:**

<b><u>Supervisor's Name/Job Title</u></b>	<b>Supervisor Name:</b>		
	<b>Supervisor Job Title:</b>		
<b><u>Supervisor's Place of Employment</u></b>	Overall Agency/Organization/Program Name:		
<b><u>Business (Physical) Street Address</u></b>			
<b>City, State, Zip</b>	City:	State:	Zip:
<b>Business Contact Information</b>	Phone:	Email:	
<b><u>Supervisor's Qualification (Check One)</u></b>	<input type="checkbox"/> I hold a current position as an <u>Executive Director</u> (i.e., top-level administrator) of a "state mental health system" program or agency.  <input type="checkbox"/> I hold the DMH Licensed Administrator (LA) credential in good standing.  <input type="checkbox"/> I hold the current position of chair of a governing board or commission of a "state mental health system" program or agency.		

## 2. APPLICANT'S Information & Work Experience under the Supervisor:

<b>Applicant's Name &amp; Last 4 Digits of Applicant's SSN</b>	Applicant Name: _____	Applicant SSN: XXX-XX-_____
<b>Dates When You Supervised the Applicant's Work Experience (Do not use "Current")</b>	From _____/_____/_____ to _____/_____/_____ (Month/Year) (Month/Year)	
<b>In what capacity have you supervised the Applicant? (Check One)</b>	<input type="checkbox"/> Immediate Supervisor <input type="checkbox"/> Supervisor of the Immediate Supervisor <input type="checkbox"/> Organization's Executive Director <input type="checkbox"/> Chair of Governing Board/Commission	
<b>Overall Agency/Organization where you supervised the Applicant's Work Experience</b>	<input type="checkbox"/> Same as "Supervisor's Place of Employment" Listed in Item #1 on previous page <b style="text-align: center;">OR</b> <input type="checkbox"/> Different from "Supervisor's Place of Employment" Listed in Item #1 on previous page; <u>List Overall Agency/Organization Name/Address Here:</u>	
<b>Applicant's Job Title at the time of supervision</b>	Applicant's Job Title: _____	
<b>At the time of supervision, the Applicant was: (Check only one)</b>	<input type="checkbox"/> A full-time employee (40 hours/week) <input type="checkbox"/> A part-time employee at _____% (percentage must be included)	
Did the Applicant's duties include work experience in the fields of (and/or at an organization for) behavioral health and/or intellectual or developmental disabilities?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation: _____	
Did the Applicant's duties including having program-wide, countywide, or statewide responsibilities and authority? (e.g., county- or state-level policy development and implementation, supervision of multiple staff, budget development and oversight, implementation of large-scale programmatic activities, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation: _____	
Describe the professional duties the Applicant performed under your supervision. (Add an attachment if needed.)	_____ _____ _____	

## 3. Supervisor Recommendation

**Check ONLY ONE** of the following statements; attach an explanation if you select the second or third option.

- I recommend**, without reservation, that the Applicant be considered for certification.
- As described in the attached explanation, **I recommend with some reservations**, that the Applicant be considered for certification.                       Explanation Attached
- As described in the attached explanation, **I do not recommend** that the Applicant be considered for certification.                       Explanation Attached

I acknowledge that I AM NOT a member of the applicant's family. I have read the foregoing statements and any document(s) attached, and to the best of my knowledge, the information contained in this form is true and correct.

\_\_\_\_\_  
**Supervisor's Signature**

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