

# Mississippi Department of Mental Health

Edwin C. LeGrand III – Executive Director

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## DMH Addictions Therapist Standards & Requirements

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Effective Date - January 1, 2012

### Available through:

Mississippi Department of Mental Health  
Division of Professional Licensure & Certification

### **IMPORTANT:**

**This credential is for qualified individuals who are currently employed in Mississippi’s “state mental health system,” as defined in this document. Please review the DMH Addictions Therapist credentialing requirements in this document before submitting an application.**

# DMH Addictions Therapist Standards & Requirements

General inquiries pertaining to Mississippi Department of Mental Health professional credentialing and/or application assistance needs should be directed to the Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE).

## **DMH Division of PLACE Mailing Address:**

Mississippi Department of Mental Health (DMH)  
Division of Professional Licensure & Certification (PLACE)  
1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201  
601-359-1288 (DMH Main #)  
601-359-6295 (Fax)  
[www.dmh.ms.gov](http://www.dmh.ms.gov)

## **DMH Division of PLACE Contact Information:**

601-359-5360 (PLACE Main #)  
[place@dmh.state.ms.us](mailto:place@dmh.state.ms.us) (PLACE email)

# DMH Addictions Therapist Standards & Requirements

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## Chapter One – General Information

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### ABOUT THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

The Mississippi Department of Mental Health (DMH) administers the public mental health service delivery system in Mississippi. DMH was created in 1974 by an act of the Mississippi Legislature, Regular Session. The statute placed mental health, alcohol/drug abuse, and intellectual/developmental disabilities programs into one agency. The Mississippi Department of Mental Health is governed by the Mississippi State Board of Mental Health, a nine-member board whose members are appointed by the Governor and confirmed by the State Senate.

More information about DMH can be found on the DMH website at [www.dmh.ms.gov](http://www.dmh.ms.gov) or by contacting DMH; contact information is located inside the document cover.

*DMH Mission - Supporting a better tomorrow by making a difference in the lives of Mississippians with mental illness, substance abuse problems and intellectual/developmental disabilities one person at a time.*

### ABOUT THE DMH ADDICTIONS THERAPIST CREDENTIAL

Statutory authority for the certification of DMH Addictions Therapists was granted in 1996 by the Mississippi Legislature.

Section 41-4-7 of the *Mississippi Code of 1972, Annotated* authorizes the Mississippi State Board of Mental Health (through DMH) “to certify/license case managers, mental health therapists, mental retardation (i.e., intellectual/developmental disabilities) therapists,” and others as deemed appropriate by the Board. In 1997, authority was expanded to include the certification/licensure of “mental health/retardation (i.e., intellectual/developmental disabilities) program administrators” and “addiction counselors.”

DMH professional credentials are designed primarily for individuals who are not already professionally credentialed and who are employed in Mississippi’s state mental health system.

*Employment in Mississippi’s “state mental health system,” as defined in this document, is a mandatory requirement to apply for and hold a DMH professional credential.*

The DMH Addictions Therapist credentialing program is designed to promote the provision of quality alcohol and other drug abuse treatment services in Mississippi’s “state mental health system.”

#### **Full certification attests to an individual’s:**

- Educational background;
- Relevant work experience;

- Demonstration of mastery of basic knowledge pertinent to the field of state mental health system alcohol and other drug abuse treatment service provision;
- Continued participation in relevant educational activities, through the continuing education (CE) renewal requirement; and,
- Agreement to adhere to the *DMH Principles of Ethical and Professional Conduct*.

## DMH ADDICTIONS THERAPIST CERTIFICATION LEVELS

**The DMH Addictions Therapist Credentialing Program has three (3) levels of certification:**

### Provisionally Certified Addictions Therapist (PCAT)

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- The Provisionally Certified Addictions Therapist (PCAT) credential is a temporary and nonrenewable credential. (*This credential was formerly known as “Provisionally Certified Addiction Counselor - PCAC”*).
- Provisional Certification (PCAT) allows qualified individuals who do not meet the requirements to apply directly for full certification (CAT) to become temporarily credentialed while pursuing full certification.
- Provisional certification is valid for up to two years (24 consecutive months) from the date of issuance; this time frame is referred to as the “Provisional Certification Period.”
- Once an individual obtains the PCAT credential, he/she progresses (upgrades) to full certification as a CAT by successfully completing the upgrade requirements.

### Certified Addictions Therapist (CAT)

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- The Certified Addictions Therapist (CAT) credential is full certification. (*This credential was formerly known as “Certified Addiction Counselor - CAC”*).
- Full certification (CAT) is renewable every four years, as long as renewal requirements are met.
- Individuals initially meeting the requirements for CAT, as outlined in Chapter Three, should apply directly for this level of credential, thereby skipping provisional certification. Otherwise, an individual applies for PCAT and then later, once upgrade requirements are met, applies for CAT.

## Licensed Clinical Addictions Therapist

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- The Licensed Clinical Addictions Therapist (LCAT) credential is full certification. *This level of credentialing was discontinued effective January 2009; **it is no longer available to new applicants**. Individuals who obtained the LCAT credential prior to discontinuance may continue to renew it as long as renewal requirements are met. (This credential was formerly known as “Licensed Clinical Addiction Counselor - LCAC”).*

### PROFESSIONAL TITLES

**Recognized professional titles within the DMH Addictions Therapist credentialing program are:**

- 1) DMH “Provisionally Certified Addictions Therapist” or the abbreviation “PCAT” (formerly “Provisionally Certified Addiction Counselor - PCAC”);
- 2) DMH “Certified Addictions Therapist” or the abbreviation “CAT” (formerly “Certified Addiction Counselor - CAC”); and,
- 3) DMH “Licensed Clinical Addictions Therapist” or the abbreviation “LCAT” (formerly “Licensed Clinical Addiction Counselor - LCAC”); (no longer offered to new applicants).

### STATE MENTAL HEALTH SYSTEM

**DMH professional credentials are valid only in Mississippi’s “state mental health system.”**

For the purposes of DMH professional credentialing, the “state mental health system” is defined as:

- Programs funded and/or certified by the Mississippi Department of Mental Health and/or
- Programs certified/licensed by the Mississippi State Department of Health that are operated by the “state mental health system” (i.e., Mississippi Department of Mental Health).

**Only individuals currently employed in the “state mental health system,” as defined in this document (above), are eligible to apply for and hold a DMH professional credential.**

## UPDATES

This document is updated and revised periodically. It is the applicant/certified individual's (or other interested person's) responsibility to ensure that he/she has the most current version of this document. Affected persons must comply with, and are responsible for, provisions contained in the most current version, including utilization of current application and related forms.

## NONDISCRIMINATION

The Mississippi Department of Mental Health does not discriminate because of race, color, creed, gender, religion, national origin, age, disability, or political affiliation. The Department of Mental Health promotes nondiscriminatory practices and procedures in all phases of state service administration, as well as in programs funded and/or certified/operated by the Department of Mental Health.

## AMERICANS WITH DISABILITIES ACT

The Mississippi Department of Mental Health complies with all aspects of the Americans with Disabilities Act. If requested, special accommodations to aid in the completion of forms or related credentialing matters will be provided.

## APPLICATION BOOKLETS

This document and the corresponding application forms are available online. Interested individuals should download a copy from the DMH website. Individuals who need a print copy should refer to Chapter Eight – "Fees" and should also contact the Division of PLACE.

[www.dmh.ms.gov](http://www.dmh.ms.gov)

## APPLICATION TIME LIMITS

Initial applications will remain open for two years from date of receipt. During that time, when applicable as determined by the Division of PLACE, applicants have the opportunity to rectify any deficiencies. Following two years from the date of receipt, incomplete applications (*initial and upgrade*), applications containing unresolved deficiencies (*initial and upgrade*), and applications which did not result in a credential being awarded (*initial and upgrade*) may no longer be maintained by the Division. Additional timelines pertaining to upgrade and renewal applications are covered more fully in the relevant sections of this document.

*Be sure to make copies of all application forms (except the sealed materials) before submitting the application. DMH will not return forms to you or anyone else once your application has been submitted.*



## **JURISDICTIONAL LIMITATIONS**

This program is limited to the issuance of professional credentialing through the DMH Addictions Therapist credentialing program. Actions of the Division of Professional Licensure and Certification, the Professional Licensure and Certification Review Board, the Department of Mental Health and the State Board of Mental Health should not in any way be construed as a recommendation for or against personnel action.

It is not the intent of DMH to monitor members of other appropriately-regulated professional credentials in Mississippi. Holding a DMH professional credential does not exempt an individual from any other professional certification/licensure required by state law.

## **FINAL INTERPRETATION**

The Mississippi Department of Mental Health is responsible for the final interpretation of all matters pertaining to DMH professional credentialing, including (but not limited to) all provisions contained within this document. This interpretation will be considered binding on all applicants and DMH-credentialed individuals (unless otherwise preempted by the Mississippi State Board of Mental Health).

DMH may develop ancillary internal policies and procedures to work in concert with this document. Moreover, any provisions or situations not expressly covered in this document will be handled on a case-by-case basis at the discretion of DMH, the Division of PLACE, the PLACE Review Board, and (when appropriate) the State Board of Mental Health.

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## Chapter Two - Organization

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### **DIVISION OF PROFESSIONAL LICENSURE & CERTIFICATION (PLACE)**

The Mississippi Department of Mental Health (DMH), Division of Professional Licensure and Certification (PLACE) is responsible for the development and implementation of DMH professional credentialing programs. Major duties of the Division include (but are not limited to):

- Promulgates standards and requirements pertaining to DMH professional credentialing;
- Administers DMH professional credentialing programs;
- Processes applications for DMH professional credentialing and related forms, paperwork and fees;
- Assists the public with information pertaining to DMH professional credentialing;
- Maintains a registry of individuals holding a DMH professional credential and provides verification of DMH professional credentials, as appropriate;
- Regulates the use of DMH professional credentialing titles; and,
- Facilitates Professional Licensure and Certification (PLACE) Review Board meetings and related matters.

### **PLACE REVIEW BOARD**

#### **Composition and Appointment**

- The Professional Licensure and Certification (PLACE) Review Board is comprised of seven members. *When credentialing trends warrant, additional members may be appointed as necessary.*
- The term of office is five years; Review Board members may hold consecutive terms.
- Appointments are made by the DMH Executive Director. Attempts are made to ensure adequate representation among disciplines and programmatic types. Review Board members must hold a DMH professional credential in good standing, and at least one Review Board member must also be a DMH Central Office staff representative.
- A Chairperson is chosen by the Review Board from among its members. The Chairperson's term of office is one year. Other Review Board member functions and responsibilities may be assigned by the Review Board or Division, as needed.

#### **Purpose and Powers**

- The Review Board reviews applications for DMH professional credentialing and makes recommendations to the DMH Executive Director regarding the awarding of certification.

- The Review Board has the authority to deny applications for DMH professional certification; hold applications pending the submission of additional information; investigate complaints; conduct disciplinary hearings; and impose sanctions, if necessary.
- In conjunction with the Division of PLACE, the Review Board may receive and render decisions regarding special requests pertaining to DMH professional credentialing. The Review Board may stipulate that special request claims be notarized and require supporting evidence to substantiate the request.
- Review Board decisions regarding either the denial of professional certification or disciplinary action may be appealed.
- The Review Board assists the Division of PLACE in developing applicable DMH professional credentialing standards and requirements and engages in continued study of best practices pertaining to DMH professional credentialing with a view of improving standards as needed.
- The Review Board will exercise such powers pertaining to DMH professional credentialing, as provided for in this document.
- The Review Board, in conjunction with the Division of PLACE, may periodically develop and promulgate additional professional standards and requirements and administrative policies and procedures (to work in concert with this document) as it deems necessary for the execution and enforcement of applicable state law and this *Standards & Requirements* document.
- Review Board members are individually exempt from civil liability as a result of any action taken by the Review Board.
- General submissions/requests to the Review Board should be submitted to the PLACE Review Board in writing c/o the Mississippi Department of Mental Health, Division of PLACE (or via email to the Division of PLACE); contact information is located inside the document cover.

## **Meetings**

- Review Board meetings are held at least quarterly at a time and place determined by the Review Board, and at such other times as requested by the Division. Meetings may be called by the Division or Chairperson with 10 days advance notice. The 10-day notice requirement may be waived by agreement of a majority of the Review Board.
- Meeting quorum is a majority of the Review Board members present. If quorum is not present, the meeting will be adjourned until a date designated by the Chairperson or Division of PLACE staff.
- The Review Board only reviews complete applications.
- A Review Board meeting calendar, along with corresponding application deadlines, will be posted on the DMH website and will be provided to state mental health system programs.
- The Division reserves the right to cancel or reschedule Review Board meetings without prior notice.

## **Removal of Review Board members**

- A Review Board member may be removed from office if found to be in violation of any of the standards contained in this document.
- A Review Board member may be removed from office if his/her certification or licensure is no longer in good standing.
- A Review Board member must be disqualified from any business on which he/she may not make an objective evaluation or decision.
- A Review Board member subject to disciplinary action, as defined in this document, must disqualify himself/herself from any business until the complaint is resolved.
- Action by either the DMH Executive Director or a majority of the Review Board members, with Executive Director approval, is necessary to remove a Review Board member from office.

### **DMH EXECUTIVE DIRECTOR**

The DMH Executive Director, or designee, reviews and approves/disapproves Review Board recommendations to award DMH professional credentials to individual applicants.

The DMH Executive Director, or designee, reviews and makes decisions regarding Review Board actions relating to the denial of a DMH professional credential (if appealed by the applicant/certified individual) and/or the imposition of sanctions (if appealed by the certified individual).

The DMH Executive Director, or designee, reserves the right to amend or repeal any standard or requirement contained in this document (or adopt a new standard or requirement), with appropriate prior notice. In this event, the DMH Division of PLACE will send notification of the directed change(s) to the last known address of each registered DMH-credentialed individual. The promulgated change(s) will be effective whether received by the person entitled to notice or not. Notice will also be given to state mental health system program directors or staff development officers. Change(s) made under this provision will be incorporated into the existing *Standards & Requirements* document in a timely manner.

### **STATE BOARD OF MENTAL HEALTH**

During the administrative appeal process, an applicant/certified individual may appeal the decision of the DMH Executive Director to the State Board of Mental Health.

During the disciplinary appeal process, a certified individual may appeal the decision of the DMH Executive Director to the State Board of Mental Health.

The State Board of Mental Health, as the authorized entity under applicable state law to promulgate state mental health system credentialing programs, reserves the right to amend or repeal any standard or requirement contained within this document (or adopt a new standard or requirement) without prior notice. In this event, the DMH Division of PLACE will send notification of the directed change(s) to the last known address of each registered DMH-credentialed individual. The promulgated change(s) will be effective whether received by the person entitled to notification or not. Notice will also be given to state mental health system program directors or staff development officers. Change(s) made under this provision will be incorporated into the existing *Standards & Requirements* document in a timely manner.

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## Chapter Three – Certification Requirements

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### **PROVISIONALLY CERTIFIED ADDICTIONS THERAPIST REQUIREMENTS**

#### **PCAT:**

In order to be eligible to apply for the **DMH Provisionally Certified Addictions Therapist credential (PCAT)**, **an individual must meet ALL of the requirements listed below:**

- **Employment Requirement;**
- **Education Requirement;**
- **Ethics Requirement; AND,**
- **Criminal Background Checks Requirement.**

The Employment, Education, Ethics and Criminal Background Checks requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

### **PCAT UPGRADE REQUIREMENTS**

Once an individual is awarded the DMH Provisionally Certified Addictions Therapist credential (PCAT), he/she must complete the following two (2) requirements in order to upgrade to full certification as a CAT:

- **Experience Requirement; AND,**
- **Exam/Training Requirement.**

The Experience and Exam/Training requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

**A PCAT must complete these upgrade requirements by the end of his/her two-year Provisional Certification Period.**

**PCAT upgrade timelines are covered in Chapter Six.**

## CERTIFIED ADDICTIONS THERAPIST REQUIREMENTS

### NOTICE:

*Individuals initially meeting the requirements for CAT, as outlined in this chapter, should apply directly for this level of credential, thereby skipping provisional certification (PCAT). Otherwise, an individual applies for PCAT and then later, once upgrade requirements are met, applies for CAT.*

### CAT:

In order to be eligible to apply for the **DMH Certified Addictions Therapist credential (CAT)**, **an individual must meet ALL of the requirements listed below:**

- **Employment Requirement;**
- **Education Requirement;**
- **Ethics Requirement;**
- **Criminal Background Checks Requirement;**
- **Experience Requirement; AND,**
- **Exam/Training Requirement.**

The Employment, Education, Ethics, Criminal Background Checks, Experience and Exam/Training requirements are outlined in the “Certification Requirements - Categories & Descriptions” section of this chapter.

## CERTIFICATION REQUIREMENTS - CATEGORIES & DESCRIPTIONS

### Employment Requirement

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- The applicant must be currently employed at a Mississippi “state mental health system” program.
- **Initial** applicants must have responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions. (*Employment in the field of alcohol and other drug abuse prevention services does not satisfy this employment requirement.*) **Upgrade** applicants are exempt from this specific employment requirement.
- Employment refers to paid, not volunteer, work.

## Education Requirement

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- The applicant must have a doctorate/doctoral-level degree from an approved educational institution.

OR

- The applicant must have at least a Master's degree in an addictions-, mental health-, or human services/behavioral health-related field from an approved educational institution. The Master's degree must be comprised of at least 30 semester hours or its equivalent.

**For the applicants applying under the “at least a Master’s degree” provision above, the following degree types are considered appropriate for the DMH Addictions Therapist credential:** Addiction Counseling, Addiction Studies, Sociology with an emphasis in Addictions, Counseling/Guidance, Social Work, Marriage and Family Therapy, Pastoral Ministries with an emphasis in Counseling or Addictions, Psychology, Social Science, Health Science, Health Care Administration, Behavioral Science, Family and Consumer Studies, Child and Family Studies, Psychiatric Nursing, Nursing, Psychometry, Rehabilitative Services/Vocational Rehabilitation, Sociology, Criminal Justice, Interdisciplinary Studies with an emphasis in Addictions, and other addictions-, mental health-, or human services/behavioral health-related fields, at the discretion of and as determined by the PLACE Review Board.

**For the “at least a Master’s degree” applicants with atypical degrees:** If the applicant’s Master’s degree type is not listed above, successful completion of at least five (5) graduate-level courses from the following areas will be considered: counseling and assessment, co-occurring disorders, alcohol and drug abuse counseling, group dynamics, theories of counseling, sociology of addictive behavior, treatment of addictive behavior, professional treatment skills, physiology and pharmacology of addictions, psychology, guidance/counseling, addiction studies, assessment techniques, chemical dependency studies, abnormal psychology, developmental psychology, child and/or adolescent psychology, human behavior, professional ethics, cultural sensitivity, multicultural counseling, helping relationships, marriage and family therapy, diagnosis and treatment, personality dynamics, psychopharmacology, behavior modification, social work, rehabilitative services/vocational rehabilitation, individual/family/group counseling, behavioral science, and child and family studies. (*Other addictions-, mental health-, or human services/behavioral health-related courses may also be counted, at the discretion of the PLACE Review Board.*)

All or part of these graduate-level courses may either be completed as part of the graduate degree program of study or completed outside of (as add-on courses to) the graduate degree program of study (i.e., without earning an additional degree). **The requirement to hold a Master’s degree is not waived.** Courses under this provision must be graduate-level courses; must be at least three (3) semester hours (or the equivalent); and, must have been successfully completed (i.e., a passing score was earned). Courses completed by applicants which are not part of the graduate degree program of study will be evaluated during application review to determine applicability; only degrees/courses completed at an approved educational institution are considered.



- Evidence of successful degree/course completion will be designated on the official submitted transcript(s), as part of the application packet. The PLACE Review Board may also request course catalog descriptions or other documentation to verify successful course completion.

*If you are applying to upgrade from PCAT to CAT, a new transcript is not necessary. However, if you are applying directly for CAT, skipping PCAT, an official transcript is required as part of the application process.*

## Experience Requirement

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**This requirement is only applicable to individuals applying for full certification - CAT.**

- **There is no work experience requirement to apply for provisional certification.**
- **For individuals applying for full certification (CAT)**, a minimum of two full years (24 months or its full-time equivalent) of supervised work experience in the field of alcohol and other drug abuse \*prevention/treatment services is required. This experience may either be the provision or supervision of alcohol and other drug abuse \*prevention/treatment services.

*\*While the DMH Addictions Therapist credentialing program is not designed for initial applicants currently employed in the field of alcohol and other drug abuse prevention services (refer to “Employment Requirement” in this chapter), **alcohol and other drug abuse prevention experience (in addition to treatment experience) is creditable towards meeting all or part of the work experience requirement for this credential**; alcohol and other drug abuse prevention services is considered part of the entire continuum of alcohol and other drug abuse treatment services.*

- Graduate-level internships completed as part of a behavioral health-related graduate degree program of study AND verified by a “Qualified Supervisor,” as outlined in this chapter, may be counted to satisfy up to six (6) months of the two-year work experience requirement.
- Other relevant work experience gained prior to the applicant having obtained his/her submitted graduate degree(s) may count towards fulfilling the work experience requirement; this submitted work experience will be subject to PLACE Review Board and/or Division approval.

- The experience requirement is based on a full-time 40-hour work week; individuals with part-time experience must report an amount of experience which is equivalent to a 40-hour work week; the Review Board will make decisions regarding part-time work on a case-by-case basis.
- Employment refers to paid, not volunteer work.
- All submitted work experience must be verified by a “Qualified Supervisor” (as outlined below).
- A “Qualified Supervisor” is defined as an individual who provides supervision over the applicant’s submitted work experience **AND** who meets at least one (1) of the following criteria:
  - 1) Holds either the DMH Certified Addictions Therapist (CAT) or DMH Licensed Clinical Addictions Therapist (LCAT) credential in good standing;

**OR**

- 2) Holds a current professional license as an independent practitioner in a behavioral health discipline and/or with experience in the behavioral health field; for more information on professional license types acceptable under this provision, refer to the “Independent Practitioner, Behavioral Health” definition in the “Glossary” section of this document. A Qualified Supervisor verifying work experience under this option must provide a copy of his/her current license with the applicant’s submitted work experience, as prescribed in the application process. (Qualified Supervisors utilizing this option who verify applicant work experience on repeated occasions may elect to have a copy of their current license on file with the Division of PLACE.)
- All submitted work experience must be submitted on the appropriate form prescribed by the Division as part of the application packet.

### **Exam/Training Requirement**

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**This requirement is only applicable to individuals applying for full certification - CAT.**

- Successful completion of a DMH Addictions Therapist web-based training component, as prescribed by DMH.

- The web-based training component is a customized collection of e-learning courses (and corresponding exams) designed to address basic knowledge and practical information pertinent to an addictions therapist in the state mental health system. DMH establishes the specific content.
- Course selections are subject to periodic update without prior notice.
- **At the time of provisional certification (PCAT) award, individuals will receive general information on the DMH Addictions Therapist web-based training component as well as registration information.**
- Applicants may complete the DMH Addictions Therapist web-based training component (i.e., Exam/Training Requirement) **prior to** initial application as long as: 1) the correct courses, as prescribed by DMH, are taken (courses are subject to change without prior notice); 2) all courses are successfully completed; 3) the appropriate documentation, as prescribed by the Division, is submitted with the initial application to illustrate successful completion; and, 4) the courses were completed **within two (2) years from the date of receipt of the initial application**, as determined by the Division's records.
- Participants will comply with the rules of the web-based training process, as prescribed by the web-based training administrator.
- DMH may prescribe appropriate, non-excessive fees for the web-based training to cover administrative costs; these fees are subject to change without prior notice.
- Proficiency for successful completion will be a passing score (as prescribed by the web-based training administrator) for each individual exam in the customized collection of courses.
- Individuals who complete the DMH Addictions Therapist web-based training component through a venue other than DMH may be able to count it to satisfy the CAT Exam/Training requirement as long as: 1) the correct courses, as prescribed by DMH, are taken (courses are subject to change without prior notice); 2) all courses are successfully completed; 3) the appropriate documentation, as prescribed by the Division, is submitted to illustrate successful completion; and, 4) the courses were completed within the appropriate time frame, as prescribed by DMH; this situation will be handled on a case-by-case basis and is subject to Review Board approval.
- Each individual completing the web-based training component, whether through DMH or an outside venue, will be required to submit documentation attesting to the fact that the entire web-based training component was completed by him/her. This documentation must illustrate successful completion of the entire web-based training component **AND** must be submitted in the appropriate format prescribed by the Division as part of the CAT application packet.

- Any individual holding a DMH professional credential who completes the web-based training component in a fraudulent manner will have their credential subject to disciplinary action, up to and including loss of any held DMH professional credential.

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### **Ethics Requirement**

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All applicants must read and abide by the *DMH Principles of Ethical and Professional Conduct* located in Chapter Nine. It is the applicant's responsibility to read these principles before signing and submitting the application. The applicant should keep a reference copy.

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### **Criminal Background Checks**

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As part of the application process, the Division of PLACE ensures that state mental health system employers have conducted background checks on individuals applying for DMH professional credentials. **No one will be credentialed without proof of criminal background checks.**

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## Chapter Four – Application Procedures

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### PCAT (PROVISIONAL CERTIFICATION) APPLICATION PACKET

To apply for **temporary certification as a PCAT**, an individual should submit an **application packet** which contains the following:

- **PCAT Application Form;**
- **PCAT Verification of Employment Form;**
- **Official Transcript; and,**
- **Application Fee - \$75.00 fee, payable by check or money order to the “Mississippi Department of Mental Health.”**

### CAT (FULL CERTIFICATION) APPLICATION PACKET

To apply for **full certification as a CAT**, an individual should submit an **application packet** which, at a minimum, contains the following:

- **CAT Application Form;**
- **CAT Verification of Employment Form;**
- **CAT Verification of Work Experience Form; and,**
- **DMH Addictions Therapist Web-based Training Documentation** – Each CAT applicant who has completed the required DMH Addictions Therapist web-based training component for CAT must include a **signed** copy of his/her web-based training **“Learner Transcript”** in the CAT application packet. The “Learner Transcript,” containing the CAT applicant’s **original signature**, must be signed in **blue** ink, attesting to the fact that the entire web-based training component was completed by the applicant. The submitted “Learner Transcript” **must also contain the course names and corresponding dates of completion for each course in the web-based training component, as well as the total number of course hours completed. This documentation must be submitted whether the web-based training was completed through DMH or through an outside venue. Submission of this information is the applicant’s responsibility.**

**Depending on the CAT applicant's situation**, the following additional CAT application component(s) may also be required:

- **Official Transcript**

***If upgrading from PCAT, no additional transcript is required.***

- **Application Fee - \$75.00 fee**, payable by check or money order to the “Mississippi Department of Mental Health”

***If upgrading from PCAT, no application fee is required. Only individuals applying directly for CAT pay the application fee. This is a ONE TIME fee; do not pay the application fee twice.***

**Application Forms are located online at the DMH website, as an addendum to this document.**

[www.dmh.ms.gov](http://www.dmh.ms.gov)

*Individuals needing a print copy should contact the Division.*

## **GENERAL APPLICATION GUIDELINES**

**Before completing the Application Forms and submitting your application packet, read all the information in this “General Application Guidelines” section as well as the instructions on each individual Application Form.**

### **General 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.
- With the exception of the official transcript, all application materials must be submitted together in one application packet.

- The official transcript(s) must be submitted in a sealed college/university envelope. 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 and PLACE Review Board approval.
- The responsibility for official transcript submission is the applicant's. The Division of PLACE does not communicate with the college/university on the applicant's behalf.
- The submitted official transcript(s) must document that the educational requirement has been met.
- All educational requirements which pertain to the applicant having an earned degree must be illustrated on the official transcript; the official transcript must document that the required degree has been awarded or conferred, including the date of degree award. Letters from the college/university indicating that an individual has met the requirements to complete a degree are not acceptable.
- 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.
- 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. Each scheduled Review Board meeting has a corresponding deadline date by which complete application materials must be received. Review Board meetings may be cancelled without prior notice.
- Only forms prescribed by the 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. Superfluous or unnecessary application materials will be destroyed.

## Application Time Limits

- Initial applications will remain open for two years from date of receipt. During that time, when applicable as determined by the Division of PLACE, applicants have the opportunity to rectify any deficiencies. Following two years from the date of receipt, incomplete applications (*initial and upgrade*), applications containing unresolved deficiencies (*initial and upgrade*), and applications which did not result in a credential being awarded (*initial and upgrade*) may no longer be maintained by the Division. Additional timelines pertaining to upgrade applications are covered more fully below; additional timelines pertaining to renewal applications are covered more fully in the relevant section of this document.
- **When a PCAT needs to upgrade to full certification, he/she must submit a new application for CAT; no new application fee is required.**
- The upgrade application **may be submitted as soon as the PCAT meets the requirements to upgrade, but the absolute deadline to submit an upgrade application is the last working day of the month following the PCAT's expiration date**. (The PCAT expiration date is located on the PCAT's initial credential award letter and on the PCAT's issued certificate.) For example, if a PCAT credential expires in October of a given year, the CAT upgrade application must be received by the Division by the last working day of November of that same year.
- If a PCAT has not met the requirements to upgrade and wants to continue in the program, he/she must submit an extension request to the PLACE Review Board by the same time frame as the upgrade application would be due. Extension approval is at the discretion of the Division and/or Review Board. Additional information on extensions, including how to request an extension, is covered in Chapter Nine.
- **Failure to submit the upgrade application (or an extension request) by the prescribed deadline results in automatic default from the program. PCATs are expected to keep track of the date by which they must upgrade.**
- If all incomplete portions and/or problems associated with the submitted upgrade application are not resolved within 45 calendar days of receipt of the upgrade application, even if the upgrade application was received prior to or by the PCAT's prescribed upgrade application deadline, as outlined above, the individual's provisional credential may automatically default effective per his/her provisional expiration date (refer to Chapter Six for additional information pertaining to PCAT Upgrade Timelines).



## **Official Transcript**

- Only official transcript(s) which show that the education requirement has been met are necessary.
- All references to college credit hours are for semester hours. Quarter hours submitted will be converted to semester hours using the standard formula (Number of Quarter Hours X .66 = Semester Hour Equivalent).
- All references to graduate degrees require at least 30 semester hours (or equivalent).
- Degrees/coursework must be completed at an approved educational institution.
- Official transcripts submitted to show proof of degree completion must illustrate that the degree has been awarded/conferred, including the date of the degree award.
- If the applicant holds another DMH professional credential and has already submitted an official transcript to the DMH Division of PLACE, he/she should note this information on the application form. **As long as the Division of PLACE still has this information on file, a new transcript is not necessary.**

## **Verification of Employment/Criminal Background Checks**

- The required form to verify an applicant's state mental health system employment includes a Background Check section. Personnel Officers must indicate whether or not criminal background checks have been conducted for each applicant, as appropriate to the applicant's position and professional responsibilities. The form will not be accepted unless the Background Check section is satisfactorily completed – no exceptions. With specific areas of interest being conviction of a crime or conviction of a felony relating to the abuse or mistreatment of other individuals, the verification of background checks should include: Convictions under the Vulnerable Adults Act; Child Abuse Registry; Sex Offense Record; Criminal Record; Motor Vehicle Registry; and, others, as appropriate to the applicant's position and professional responsibilities.
- The Verification of Employment Form must clearly show that the individual is currently employed at a Mississippi state mental health system program. If an applicant is unsure if he/she works at a program meeting the "state mental health system" definition, as outlined in this document, he/she should consult with the program's personnel office.

## **Verification of Work Experience**

- PCAT applications do not include documentation of completed work experience.
- CAT applicants must document appropriate work experience.
- All submitted work experience must be submitted on the appropriate form prescribed by the Division as part of the application packet.
- The prescribed form must be completed by a "Qualified Supervisor," as outlined in Chapter Three, "Experience Requirement."
- A "Qualified Supervisor" should not be a member of the individual's immediate family.

- A CAT applicant is not permitted to complete his/her own Verification of Experience Form.
- CAT applicants only need to report two years of full-time relevant work experience; a lifetime of work experience is not necessary.
- Volunteer work does not count.
- If relevant work experience is accrued under more than one supervisor, a separate Verification of Experience Form must be submitted for each position.
- Due to the confidential nature of the submitted Verification of Experience Form, information completed by the supervisor will not be shared with the applicant – no exceptions.

### **Verification of Exam/Training Requirement**

- Individuals who complete the DMH Addictions Therapist web-based training component through a venue other than DMH may be able to count it to satisfy the CAT Exam/Training requirement as long as: 1) the correct courses, as prescribed by DMH, are taken (courses are subject to change without prior notice); 2) all courses are successfully completed; 3) the appropriate documentation, as prescribed by the Division, is submitted to illustrate successful completion; and, 4) the courses were completed within the appropriate time frame, as prescribed by DMH; this situation will be handled on a case-by-case basis and is subject to Review Board approval.
- **DMH Addictions Therapist Web-based Training Documentation** – Each CAT applicant who has completed the required DMH Addictions Therapist web-based training component for CAT must include a signed copy of his/her web-based training **“Learner Transcript”** in the CAT application packet.
- The “Learner Transcript,” containing the CAT applicant’s original signature, must be signed in blue ink, attesting to the fact that the entire web-based training component was completed by the applicant.
- The submitted “Learner Transcript” **must contain the course names and corresponding dates of completion for each course in the web-based training component, as well as the total number of course hours completed.**
- The “Learner Transcript” documentation must be submitted whether the web-based training was completed through DMH or through an outside venue.
- **Submission of this information is the applicant’s responsibility.**

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## Chapter Five – Certification Phases

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### APPLICATION PHASE

- Individual submits a complete application packet.
- The Division of PLACE reviews application packets for completeness.
- Within prescribed timelines, as determined by the Division and/or the PLACE Review Board, applicants are given the opportunity to correct any application problems/deficiencies. *(As a courtesy, the Division may notify applicants and/or their program Staff Development Officers [SDOs] of application problems/deficiencies; while such courtesy notification may be made, the Division does not guarantee such notification. Rather, it is the applicant's responsibility to submit a complete application and to keep track of and address any application deficiencies/problems.)*
- Complete applications are forwarded to the PLACE Review Board. The Review Board reviews all applications, evaluates materials against established criteria and makes recommendations to the DMH Executive Director. Applicants are notified in writing if more information is needed.

Each regularly-scheduled PLACE Review Board meeting has a corresponding deadline for receipt of complete application materials. Review Board meetings may be cancelled without prior notice.

A Review Board meeting calendar will be posted on the DMH website and may be provided to state mental health system programs on an annual basis.

*To obtain a copy of the PLACE Review Board meeting calendar, visit the DMH website, contact the Division of PLACE or contact your place of employment.*

- The Executive Director/Executive Director designee reviews the PLACE Review Board recommendations and approves or disapproves each application for professional credentialing.
- Each applicant is subsequently notified in writing of the status of his/her application. The possible outcomes are:
  - 1) **Approval** - Individual is awarded the credential.
  - 2) **Hold Pending** - Additional information may be requested from the applicant before rendering a decision/recommendation.
  - 3) **Denial** - Initial, upgrade, or renewal applications for credentialing may be denied for the following reasons, including, but not limited to: lack of

appropriate employment; failure to pay required fees; lack of appropriate educational degrees/coursework; lack of appropriate experience; failure to complete successfully upgrade requirements; failure to acquire necessary continuing education hours; unacceptable practice of the applicant; violation of the *DMH Principles of Ethical and Professional Conduct*; conviction of a crime which is a felony under federal or state law; and/or, declaration of mental incompetence by the court.

## CERTIFICATION PHASE

### **Provisional Certification (PCAT)**

Once credentialed, the PCAT will receive a credential award letter, followed by a temporary, provisional certificate. The credential award letter will outline:

- The length of Provisional Certification, including the PCAT expiration date; Provisional certification is not renewable.
- The requirements the PCAT must complete in order to upgrade to full certification; these requirements are outlined in Chapter Three.

Individuals who have been awarded provisional certification are expected to abide by the professional responsibility provisions in Chapter Nine.

### **Full Certification (CAT)**

Once credentialed, the CAT will receive a credential award letter, followed by a full certificate. The credential award letter will outline:

- The length of certification, including the CAT expiration date; the CAT's expiration date is made to coincide with the DMH Addictions Therapist four-year renewal deadline. CATs renew every four years by the renewal deadline. Full certification timelines are addressed in Chapter Six.
- The CAT renewal requirements; renewal requirements are outlined in Chapter Seven.

Individuals who have been awarded full certification are expected to abide by the professional responsibility provisions in Chapter Nine.

## CERTIFICATE ISSUANCE

### **Professional Identification**

Individuals who make successful application for provisional certification will be awarded a time-limited, provisional certificate attesting to the title of “Provisionally Certified Addictions Therapist” (PCAT).

Individuals who make successful application for certification will be awarded a full certificate attesting to the title of “Certified Addictions Therapist” (CAT). CAT is renewable every four years.

### **Certificates**

Wall certificates issued by the DMH remain the property of DMH and must be surrendered upon request.

DMH intends that each individual hold only one certificate per professional title. DMH does not provide multiple original wall certificates.

Certificates issued by the DMH reflecting credentialing as a PCAT are valid for up to a maximum two-year (24 consecutive months) Provisional Certification Period. The issuance and expiration dates are printed on the certificate. **Dates of provisional issuance and expiration vary from person to person.**

An individual’s provisional certificate automatically becomes invalid once he/she has successfully upgraded to full certification; the individual will receive a new certificate as a CAT.

Certificates issued by DMH reflecting credentialing as a CAT are valid for a maximum four-year Certification Period established by the Division. The issuance date is indicated on the certificate. Full certification timelines are addressed in Chapter Six. **Full certificates are renewable.**

Individuals holding a DMH professional credential who are currently practicing in the state mental health system should maintain a copy of proof of certification in their personnel file.

**Upon separation from state mental health system employment**, the credentialed individual should notify the Division accordingly, as outlined in Chapter Nine. **Unless the separating individual is reemployed with another state mental health system program or requests and receives an appropriate credential status change, the certificate is invalid.**

### **Replacement Certificates**

Only individuals in good standing who are currently employed in the state mental health system (or in Inactive Status) may request a replacement certificate. Upon written (or email) request, an

individual may be allowed one replacement certificate at no charge for any of the following reasons:

- **Printing Error;**
  - **Damaged/Destroyed;**
  - **Lost;**
  - **Never received; or,**
  - **Legal Name Change.**
- 1) **If the request is due to a legal name change**, along with the written (or email) request, the individual should submit a copy of legal documentation of the name change. The request should indicate the new name as it should appear on the replacement certificate.
  - 2) Name changes reported at the time of an upgrade application do not have to be accompanied by a written/email request or a copy of the legal documentation; **this exemption does not apply to renewal applications.**

If an individual makes more than one request for a replacement certificate, the Division reserves the right to impose the certificate replacement fee.

Once the new replacement certificate is issued, the previous certificate immediately becomes invalid. Possession and utilization of two certificates for fraudulent purposes is grounds for disciplinary action, including possible loss of credentialing.

## **ADMINISTRATIVE APPEAL**

The terms of administrative appeal are only applicable to the application process.

An applicant aggrieved by a decision regarding the initial, upgrade or renewal application for professional certification has the right to appeal to the DMH Executive Director. The Division of PLACE must receive the applicant's written notification of appeal (and any supplemental application information submitted by the applicant) within 30 calendar days of the mailing of the application review results, as determined by the Division's records.

The DMH Executive Director (or designee) will review the application and supplemental information, if provided, and notify the applicant of the results of this review within 30 days.

An applicant aggrieved by the DMH Executive Director's final decision may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be received by DMH within 30 calendar days of the mailing of the DMH Executive Director's final decision, as determined by DMH's records; the appeal must be made and conducted in accordance with established Board policy.

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## Chapter Six – Certification Timelines

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### PCAT CERTIFICATION - UPGRADE INFORMATION & TIMELINES

- The PCAT credential is a temporary, nonrenewable certification. It is valid for up to two years or 24 consecutive months from the assigned “date of issuance.” This two-year period is referred to as the PCAT’s “Provisional Certification Period.”
- The Provisional Certification Period begins on the PCAT credential’s assigned date of issuance and lasts for a maximum of up to two years (or 24 consecutive months) from the date of issuance.
- Once an individual is awarded the PCAT credential, he/she will receive notification of the credentialing award, along with upgrade instructions. *(The upgrade instructions will include registration information for the DMH Addictions Therapist web-based training component as covered in Chapter Three).*
- **BY THE END OF** the 24-month Provisional Certification Period, a PCAT must have completed ALL requirements to upgrade to full certification (CAT). **Upgrade Requirements are covered in Chapter Three.**
- It is the PCAT’s responsibility to complete all upgrade requirements.
- PCATs who complete the upgrade requirements may upgrade to full certification (CAT) **prior to** the end of the two-year Provisional Certification Period.
- A PCAT who does not complete all requirements to upgrade to full certification (CAT) by the end of his/her PCAT expiration date will default from the DMH Addictions Therapist credentialing program. Default means the credential is expired, and the individual no longer holds the credential.
- In rare and extenuating circumstances, the PLACE Review Board (or the Division) **MAY** grant an extension of an individual’s Provisional Certification Period. Information on extensions, including how to request an extension, is covered in Chapter Nine.

#### ***NOTICE:***

***Individuals upgrading from PCAT to CAT must submit an application for CAT. Upgrade from PCAT to CAT is not an automatic process initiated by the Division of PLACE.***

- A PCAT should submit a CAT application packet **as soon as all upgrade requirements are met, but no later than the last working day of the month following the PCAT expiration date.** For example, if a PCAT credential expires in October of a

given year, the CAT upgrade application must be received by the Division by the last working day of November of that same year.

- The PCAT expiration date is located on both the PCAT award letter and the PCAT original certificate. It is the PCAT's responsibility to keep track of his/her PCAT expiration date and corresponding CAT upgrade application deadline.
- **The Division does not notify individuals when their PCAT credential is expiring and the CAT upgrade application is due.**
- If all incomplete portions and/or problems associated with the submitted upgrade application are not resolved within 45 calendar days of receipt of the upgrade application, even if the upgrade application was received prior to or by the PCAT's prescribed upgrade application deadline, as outlined above, the individual's provisional credential may automatically default effective per his/her provisional expiration date.
- Unless an extension for more time has been granted, individuals who fail to submit a CAT (upgrade) application within established timelines will be considered to have defaulted from the program, meaning their PCAT credential is expired. **This will be an automatic action by the Division of PLACE; no default notification will be sent.**
- Except in rare and extenuating circumstances, as determined on a case-by-case basis by the Division or the Review Board, **an individual may not hold provisional certification more than twice, as determined by the Division's records.** An exception to this rule, at the discretion of the Division and/or the PLACE Review Board, may be when the individual's provisional certification expiration(s) (default) occurred due to an individual's separation from state mental health system employment rather than a failure to meet upgrade requirements. The burden of proof falls on the PCAT.

## CAT – CERTIFICATION LENGTH & TIMELINES

- The CAT (*and* LCAT) credential is renewable, as long as renewal requirements are met.
- The CAT's certification begins on the CAT credential's assigned "date of issuance." The date of issuance is located on the credential award letter and the original CAT certificate.
- CATs (*and* LCATs) are on a four-year certification cycle. Upon achieving full certification, a CAT's expiration date is made to coincide with the DMH Addictions Therapist renewal deadline.
- CATs (*and* LCATs) interested in maintaining the credential renew every four years by the renewal deadline.
- **Specific renewal information is covered in Chapter Seven.**



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## Chapter Seven – Renewal

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### RENEWAL GENERAL INFORMATION

- Renewal is only applicable to individuals holding full certification (CATs and LCATs).
- Provisionally-certified individuals (PCATs) **DO NOT** renew.
- Individuals holding CAT and LCAT are required to renew **every four (4) years** on a certification schedule established by the Division.

### RENEWAL DEADLINE

- **The renewal deadline is September 30<sup>th</sup>** (or closest prior working day) of each four-year certification period.
- **Renewal deadlines will be every four years** - September 30, 2012, September 30, 2016, September 30, 2020, etc.\*
- Qualified individuals will renew their certification on or before the established renewal deadline in order to maintain Current or Inactive Status.
- Individuals who fail to renew by the established deadline will have their credential automatically changed to Lapsed Status. Lapsed Status means the credential is expired, and the individual no longer holds the credential.

*\*Prior to January 1, 2012, the DMH Addictions Therapist credentialing program was organized by two-year certification periods.*

### RENEWAL REQUIREMENTS

#### Employment Requirement

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Renewing individuals must either continue to be employed in the “state mental health system” or hold Inactive Status.

An individual who is no longer employed in the state mental health system at the time of renewal no longer meets the employment criteria for DMH professional credentialing. Unless the individual holds Inactive Status, he/she may make a request to change his/her certification status category. Certificate status information is located in Chapter Nine.

## Continuing Education (CE) Requirement

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A **minimum of 80** successfully completed continuing education (CE) hours (20 hours per year) is required for renewal.

Continuing education hours or college course work counted for renewal must have been successfully completed **during the current four-year certification period**. Renewal periods run from October 1<sup>st</sup> to September 30<sup>th</sup> of the appropriate four-year cycle.

CEs earned outside of the current four-year certification period will not be counted; CEs may not be carried over from one renewal cycle to the next.

One continuing education hour is equal to 60 consecutive minutes in an appropriate CE activity.

**Of the 80-hour CE renewal requirement, the following stipulations are included:**

- 1) 48 of the 80 required hours must be related to the field of alcohol and other drug (A/D) abuse treatment (*may be inclusive of A/D prevention activities*).
- 2) Of the remaining 32 required hours, 28 must be \*\*behavioral health-related (*which may or may not include alcohol and other drug abuse prevention/treatment services-related topics*) **AND must also cover the requirements listed in numbers 5 and 6 below**. (\*\*Relevant DMH-required training indicated in the current *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers* may be counted as “behavioral health-related” CEs).
- 3) Individuals may count up to four (4) hours in non-A/D or behavioral health-related areas, such as technology or administrative types of training, which they or their programs deem important or necessary for continued professional enhancement.
- 4) Up to 16 of the total required 80 hours may be obtained by presenting applicable (alcohol and other drug abuse prevention/treatment-related) training events.
- 5) At least two (2) of the required 80 hours **must be** in the area of cultural competency.
- 6) At least two (2) of the required 80 hours **must be** in the area of ethics (related to the field of behavioral health).
- 7) A minimum of 40 of the required 80 hours must be accrued through participation in live, face-to-face continuing education activities; thus, no more than 40 of the required 80 hours may be earned through online or distance learning educational activities.
- 8) Two (2) three-semester hour (or equivalent) graduate-level behavioral health-related college courses from an approved educational institution, taken during the appropriate

certification time period, will be accepted to fulfill the entire continuing education requirement. One (1) three semester hour (or equivalent) graduate-level behavioral health-related college course from an approved educational institution, taken during the appropriate certification time period, will be accepted to fulfill half (or 40 hours) of the continuing education requirement.

- 9) Courses claimed for continuing education hours must be beyond the course work necessary to meet the educational requirement for DMH professional credentialing.
- 10) **During the individual's FIRST renewal cycle only**, the CE renewal requirement may be prorated, if necessary, as requested by the renewal applicant. Renewing individuals for whom it is their FIRST renewal cycle are required to report a minimum of two (2) CE hours per month of credentialing, beginning with the month of full certification issuance and ending with the renewal deadline month (September 30<sup>th</sup>). (One (1) of these two (2) hours per month must be related to the field of alcohol and other drug (A/D) abuse prevention/treatment, and the remaining one (1) of these two (2) CE hours per month of credentialing must be behavioral health-related (*which may or may not include alcohol and other drug abuse prevention/treatment services-related topics*). For example, an individual who first obtained his/her CAT credential in the month of January of a renewal year (which ends September 30<sup>th</sup>) would be required to report 18 CE hours; at least nine (9) of these 18 hours **MUST BE** alcohol and other drug (A/D) abuse prevention/treatment related, and the remaining nine (9) hours must be behavioral-health related, which may or may not include alcohol and other drug abuse prevention/treatment services-related topics. This provision is only applicable to the individual's first renewal cycle; the renewal fee is not prorated.
- 11) DMH allows for the pre-approval of various conferences and workshops/educational activities, etc., for DMH professional credentialing continuing education hours.

*DMH Addictions Therapists desiring information on activities which have received CE pre-approval may contact the DMH Division of Professional Development or visit the DMH website for further information.*

- 12) For continuing education activities which have not been through the CE pre-approval process, the continuing education activities will be subject to the approval of the Division of PLACE at the time of renewal.
- 13) Opportunities for CE accrual include, but are not limited to: training provided through the certified individual's place of employment (including DMH-required training as indicated in the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*), DMH-sponsored training opportunities, and/or conferences/workshops approved by the Division through the DMH Division of Professional Development.

- 14) Continuing education activities should be presented by a qualified presenter and contain clearly-outlined learning objectives. Meetings, regular work activities, staffing sessions, breaks, social activities, etc., do not count towards fulfilling the CE requirement.
- 15) Any activity completed for the purpose of achieving the DMH Addictions Therapist certification (such as DMH Addictions Therapist Web-Based Training Component courses) is not eligible for CE credit.

### **Reporting the Continuing Education Requirement**

Documentation of successful completion of continuing education hours (e.g., training records, staff development printouts, official college transcripts, conference certificates, etc.) should be housed with the Staff Development Officer (SDO) at the individual's current place of employment. The renewing individual should also keep a copy.

As part of the renewal process, each renewing individual is asked to attest to the fact that he/she has obtained the required number of appropriate continuing education hours.

Unless randomly-selected for audit, renewing individuals in Current Status do not submit CE documentation to the Division of PLACE. *Individuals in Inactive Status must report CE activities at the time of renewal.*

For DMH credentialing purposes only, CE documentation should be maintained for one year following the conclusion of the given renewal year.

## **RENEWAL APPLICATION**

Prior to the renewal deadline, the Division will send a renewal notice to each certified individual's self-reported home and/or email address. The Division will also notify Staff Development Officers (SDOs) of the upcoming renewal deadline.

In addition to the general renewal directions found in this document, the renewal notice will include specific, current instructions on how to renew. Specific directions in the current year's renewal packet, along with specific directions provided on each renewal form, must be followed.

Each person who wishes to renew his/her certification must submit a renewal application packet to the Division by the established deadline which includes all required forms and fees.

Failure to receive a renewal notice, regardless of the reason, does not relieve the individual from the renewal requirement. Individuals should keep their addresses/contact information updated with the Division.

## RENEWAL AUDIT

Following the conclusion of each renewal period, the Division of PLACE reserves the right to audit randomly-selected renewed individuals to determine compliance with the continuing education requirement. The audit process will include, at a minimum, a ten (10) percent sample of randomly-selected renewed individuals.

If an individual is randomly selected for audit, both the individual and the program SDO will be notified. Along with the notification, the Division will provide detailed instructions for audit procedures.

If randomly selected for audit, the renewed individual (in conjunction with the program SDO) will be required to submit to the Division documentation to validate successful completion of the renewal continuing education requirement. (Examples of sufficient documentation would include, but are not limited to: training records, staff development printouts verified by the SDO, conference certificates, and official college transcripts). This documentation must be submitted within a deadline prescribed by the Division.

**In the case of noncompliance**, the audited individual will have up to six months to comply, during which time the credential will be placed in Suspended Status (covered more fully in Chapter 10); the individual will be unable to practice with his/her credential during the period of suspension. Failure to comply within six months will result in the automatic loss of credentialing.

## SPECIAL REQUESTS DURING RENEWAL

**Inactive Status Request:** An individual who is not employed in the state mental health system at the time of renewal may want to request Inactive Status. Individuals must initiate this request by the established renewal deadline and submit all required renewal forms, materials and fees.

**Retired Status Request:** An individual who has retired from state mental health system employment at the time of renewal may want to request Retired Status. Individuals must do so by the renewal deadline.

**Relinquished Status Request:** An individual who no longer wants to hold the credential may request Relinquished Status. Individuals must do so by the renewal deadline.

*Certification status information is covered more fully in Chapter Nine. In addition to the information in Chapter Nine, instructions on making special requests at the time of renewal will also be included in the current renewal packet; interested individuals should contact the Division of PLACE for assistance.*

## CERTIFICATE RENEWAL

Each individual who successfully renews his/her Current CAT/LCAT credential may continue to use the appropriate professional title and practice as such for the next four-year certification period.

Each individual who successfully renews his/her Inactive CAT/LCAT credential may continue to use the appropriate professional title; however, he/she must not practice as a DMH Certified Addictions Therapist during the next four-year certification period (until he/she returns to Current Status).

The terms of administrative appeal are applicable to the renewal process.

## CERTIFICATE EXPIRATION

### Renewal Deadline

- The renewal application packet and fee are due on or before September 30<sup>th</sup> (or closest prior working day, as prescribed in the current renewal notice) of the given renewal year.
- Any certified individual wishing to request Inactive, Retired or Relinquished Status at the time of renewal must submit the request so that the Division receives it by the established renewal deadline. Otherwise, without proper renewal, the individual's credential will automatically be changed to Lapsed Status.
- Unless successfully renewed, an individual's certificate ceases to be valid after September 30<sup>th</sup> at the end of the certification period.
- Any certified individual for whom the Division has not received a renewal application packet (or a special request) by September 30<sup>th</sup> will be expired; his/her certification status will automatically be changed to Lapsed Status.

### “Late Renewal”

- Between October 1<sup>st</sup> and October 31<sup>st</sup> (or closest prior working days, as determined by the Division), professional certification which has lapsed due to failure to renew may be rectified upon submission of all required renewal forms, materials, and payment in full of the Renewal Fee PLUS payment of a Late Renewal Fee.
- All problems with renewal applications (or special requests submitted at the time of renewal) must be resolved by October 31<sup>st</sup> (or closest prior working day, as determined by the Division).

- Incomplete renewal applications or renewal applications with unresolved deficiencies received by the renewal deadline may be maintained on file through October 31<sup>st</sup> (or closest prior working day) to allow individuals an opportunity to resolve problem(s). After October 31<sup>st</sup> (or closest prior working day, as determined by the Division), these credentials are expired and automatically changed to Lapsed Status if the deficiencies were not satisfactorily resolved by this date - no exceptions.
- The certification of any individual who has not successfully completed either renewal or a special request by October 31<sup>st</sup> (or closest prior working day, as determined by the Division) is expired. The status of any such individual's credential will automatically be changed to Lapsed Status.

### **Beginning November 1st**

On and after November 1<sup>st</sup>, an individual who failed to renew successfully or successfully make a status change remains in Lapsed Status and will not be allowed to renew.

Following the conclusion of renewal season, each state mental health system program will be provided a list of program employees whose credentials lapsed.

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## Chapter Eight - Fees

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### FEE SCHEDULE

- **Application Fee:** **\$75.00**

*This fee is due with the submission of an initial application packet; this is a **ONE-TIME** fee.*

#### IMPORTANT:

*Individuals who paid the application fee when applying for PCAT **DO NOT PAY** this fee again when applying to upgrade to CAT.*

*Individuals applying directly for CAT (thus skipping PCAT) must pay this one-time fee.*

- **Web-based Exam/Training Fee:** **As prescribed by DMH**

*DMH may prescribe appropriate, non-excessive fees for the web-based training component to cover administrative costs; this fee is subject to change without prior notice.*

- **Renewal Fee:** **\$100.00** (subject to change at renewal)

*This fee is due with the submission of the renewal packet; this fee is subject to change at the time of renewal and is reflected in the current renewal notice.*

- **Late Renewal Fee:** **\$25.00**

*In addition to the renewal fee, this additional fee is assessed when an individual has allowed his/her certification to lapse after the prescribed renewal deadline but wishes to renew during a brief “late renewal” time period.*

- **Certificate Replacement Fee:** **\$15.00**

*If an individual makes more than one request for a replacement certificate, the Division reserves the right to impose the certificate replacement fee. Refer to Chapter Five for more information.*

- **Reinstatement Fee:** **\$50.00**

*This fee is assessed when an individual makes a request to reinstate his/her certification.*



- **Mailing Label Fee:** **\$35.00**

*This fee is due with the request for mailing labels. This fee is applicable per category of professional credentialing. Mailing label requests will be processed within 14 working days of receipt; the Division reserves the right to refuse any request for mailing labels.*

- **Returned Check Fee:** **\$25.00**

*This fee may be imposed by the Division for any check returned due to insufficient funds. Once a return check fee is imposed, **remittance to correct the problem will only be accepted via money order.***

### **Other Administrative/Processing Fees:**

DMH may charge other administrative/processing fees, as follows; these fees are assessed (and subject to change) at the discretion of the Division:

- ***DMH Addictions Therapist Standards & Requirements* and/or *Application Forms* Print Copy Fee:** **\$10.00**
- **Copying/Reproduction/Distribution Fee:** **\$10.00** for first five pages  
(*Requests processed at Division discretion*) and \$1.00 for every page thereafter
- **File Retrieval/Review Fee:** **\$10.00**  
(*Requests processed at Division discretion*)

## **GENERAL FEE PROVISIONS**

- 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.
- Fees are subject to change, with appropriate prior notice.
- Fees are not prorated.
- Fees must be paid in full by check or money order made payable to the Mississippi Department of Mental Health. **Cash is not accepted.**
- Fees are subject to deposit upon receipt; checks are not held for deposit.

- No application, renewal application, etc., is considered complete without the required fees.
- Processing of an application, renewal application, etc., will cease immediately upon return of a check due to insufficient funds.
- An individual or program whose check has been returned due to insufficient funds may remedy the situation by paying the appropriate fee **PLUS** the Returned Check Fee **by money order only** (by a deadline prescribed by the Division).
- Employers may pay multiple employees' credentialing fees with one check. The check and associated applications/renewal applications, etc., must be submitted together - no exceptions. The employer must clearly identify and match with the submitted check each person, purpose and corresponding fee(s) the check covers. Additionally, the check must only cover DMH professional credentialing fees. Otherwise, the Division reserves the right to return the fee/materials to the program.

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## Chapter Nine – Professional Responsibilities

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### SCOPE OF PRACTICE

- DMH professional credentials are valid only in Mississippi’s “state mental health system.” DMH Addictions Therapists may only use the title if actively employed in the state mental health system (*or in Inactive Status*).
- DMH Addictions Therapists are certified to provide (or supervise the provision of) alcohol and other drug abuse treatment services (involving application of the principles, methods and procedures of alcohol and other drug abuse treatment service provision) within Mississippi’s state mental health system.
- The principles, methods and procedures of alcohol and other drug abuse treatment services that are provided by DMH Addictions Therapists must be in compliance with the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*.
- DMH Addictions Therapists should only practice within the boundaries of their education, training, professional experience, and credential(s) held.
- This certification does not qualify an individual to provide services outside this scope of practice or in private practice. Practicing beyond the scope of practice may lead to sanctions as described in Chapter 10.
- A person issued a certificate by the Department of Mental Health may use the title appropriate to his/her category of professional certification while in the employ of a state mental health system program (*or while in Inactive Status*).
- Professional identification is directly affected by employment. **DMH-credentialed individuals who experience a change in or separation from state mental health system employment are expected to follow the relevant guidelines below.**

### REPORTING CHANGES IN VITAL INFORMATION

Credentialed individuals are required to notify the Division within 14 working days of a change in legal name, address or employment.

#### Name Change

Each credentialed individual should ensure that his/her current wall certificate bears his/her current legal name. An individual whose legal name has changed is expected to request a new certificate reflecting the new name. Once the new certificate is generated, the previous certificate is invalid.

To request a name change, the individual should submit a written/email request for a name change, along with a copy of legal documentation of the name change. The request should indicate the new name as it should appear on the replacement certificate. Name changes reported at the time of an upgrade application do not have to be accompanied by a request or copy of the legal documentation; this exemption does not apply to renewal applications.

Only individuals in good standing who are currently employed in the state mental health system (*or in Inactive Status*) may request a replacement certificate.

### **Address Change**

An individual whose email address, mailing address and/or telephone number has changed is expected to contact the Division with the new information.

### **Employment Change**

**Upon separation of the credentialed individual from state mental health system employment**, the individual's DMH professional credential will become null and void unless he/she provides notification of reemployment in the state mental health system or requests and receives an appropriate credential status change according to the procedures established by the Division, as covered in the "Separation From State Mental Health System Employment" section below.

Notification of a change in place of employment (**not job title**) must be submitted in writing/email to the Division of PLACE by either the credentialed individual **OR** the place of employment from which the credentialed individual is separating.

An individual who is either leaving state mental health system employment or changing to a new state mental health system program should follow the requirements under "Separation From State Mental Health System Employment" below.

## **SEPARATION FROM STATE MENTAL HEALTH SYSTEM EMPLOYMENT**

**It is the credentialed individual's responsibility to keep track of his/her employment situation (and the potential for notification of separation of employment via the separating employer), accordingly.**

Once the Division receives written/email notification of separation from employment (as outlined above), the Division will allow the individual a period of **up to 45 calendar days from the date of notification** to pursue one of the following options:

- 1) **If the individual has become employed with a new "state mental health system" program**, the individual should update his/her employment information with the Division by submitting a new Verification of Employment Form from the new place of employment.

2) **If the individual IS NO LONGER EMPLOYED in the “state mental health system,”** the individual may request with the Division a status change for his/her credential. Status change options include:

- Request Relinquished Status (available to provisional and full certification);
- Request Extended Status (available only to provisional certification);
- Request Inactive Status (available only to full certification); and,
- Request Retired Status (available only to full certification).

*More information on credentialing statuses and how to obtain a status change is listed under the “Credential Status Change Requests,” “Provisional Certification Status Categories” and “Full Certification Status Categories” sections below.*

During this 45-day period, unless employed in a state mental health system program and in good standing, individuals in this situation are not allowed to practice.

At the end of the 45-day period, if no appropriate action is taken by the credentialed individual to either: 1) update his/her employment or 2) request an appropriate status change, the credential will expire and be changed to either Lapsed or Defaulted Status, as appropriate; **this is an automatic process – no notification by the Division will be made.** Lapsed and Defaulted Status mean the credential is expired, and the individual no longer holds the credential.

**Status change requests initiated by the credentialed individual are subject to Review Board approval.**

If a DMH-credentialed individual has a question about what to do if he/she has left state mental health system employment, the individual should contact the Division for assistance at the earliest indication of such separation.

DMH-credentialed individuals must be aware that notification of separation of employment may come from either the separating employer OR the credentialed individual. The Division **does not** notify a certified individual when a separating employer has made this notification. **The certified individual is held to the 45-day time frame, regardless of whether the notification of employment separation came from the certified individual or the separating employer.**

## **CREDENTIAL STATUS CHANGE REQUESTS**

Credentialed individuals needing to make a status change request should submit the request in writing (or via email) to the Division of PLACE, along with any pertinent supporting information. Applicable credentialing timelines must be met. Individuals needing assistance regarding status change requests should contact the Division for assistance. **Status change requests initiated by the credentialed individual are subject to Division of PLACE and/or Review Board approval.** The Division/Review Board reserves the right to deny any submitted status change request.

## **PROVISIONAL CERTIFICATION STATUS CATEGORIES**

**The following status categories are applicable to individuals holding the DMH Provisionally Certified Addictions Therapist credential (PCAT).**

### **Current Status**

An individual holding provisional certification which is in good standing (including timely submission of all forms, fees, changes of information, etc.) and without sanctions will be considered to be in Current Status.

An individual whose credential is in Current Status is able to practice within the scope of practice of this credentialing program and the ethical standards/principles.

In order to maintain Current Status, a PCAT is expected to notify the Division in writing (or via email) **within 14 working days** of a change in vital information such as name, address, employment, etc.

The name of a person whose credential is in Current Status will appear on any list produced by the Division if he/she is Current at the time the list is produced.

### **Extended Status**

#### **Extended Status – General Information:**

- In rare and extenuating circumstances, the Division of PLACE/Review Board may grant a PCAT Extended Status on his/her provisional certification.
- Extended Status will only be granted to a PCAT who is in good standing at the time of the request.
- To obtain an extension, the individual should submit a written/email request to the Division of PLACE. The Division will subsequently review the request and/or present the request to the Review Board. In the request, the PCAT should specifically request Extended Status, provide an explanation as to why the extension is needed and indicate a specific time period for the extension. Any documentation which supports the request should also be submitted. The Division and/or the Review Board may verify the circumstances surrounding the request.
- An individual on Extended Status is expected to comply with the terms of the extension as granted by the Division and/or Review Board. Failure to do so may result in Defaulted Status.
- The maximum allowable time frame for which an extension may be granted is up to six months (*at the discretion of, and subject to the approval of, the PLACE Review Board*).

- If a PCAT is approved for Extended Status, he/she will only be allowed one (1) extension. Second or subsequent Extended Status requests will not be considered.

Extended Status – Individual needs more time to upgrade:

- Due to extenuating circumstances, the Division of PLACE/Review Board may grant Extended Status to an individual who is unable to complete all requirements to upgrade to full certification within the required two year (24 consecutive months) time limit. An extension is intended to allow a PCAT additional time to complete the upgrade requirements. An individual granted Extended Status who is currently employed in the state mental health system is allowed to practice as a PCAT and is expected to complete all requirements of provisional certification by the approved deadline for the extension.

Extended Status – Individual has left State Mental Health System Employment:

- The Division of PLACE/Review Board may also grant Extended Status to a PCAT who has temporarily left employment in a state mental health system program. An individual granted an extension due to having left state mental health system employment may neither practice as a PCAT nor register for any DMH Addictions Therapist certification activities for upgrade. An individual on Extended Status for this reason would need to submit a written/email request to return to Current Status, along with a new Verification of Employment Form from the new place of employment.
- Upon returning to Current Status, the individual will again be allowed to practice as a PCAT and will be able to register for and participate in any DMH Addictions Therapist certification activities required for upgrade. An individual who was previously in Extended Status and who has been returned to Current Status is expected to complete all requirements of provisional certification by the approved extension deadline.

**Defaulted Status**

Defaulted Status means the individual's provisional credential has expired and is no longer valid. A PCAT may default for the following reasons including, but not limited to:

- Failure to complete all upgrade requirements by the end of the two-year, 24 consecutive month Provisional Certification Period;
- Failure to submit an upgrade application so that it is received by the Division within established timelines;
- Failure to submit a request for Extended Status, or other status change request, so that it is received within established timelines;
- The Division and/or Review Board's determination of failure to submit a satisfactory request for Extended (or other) Status;
- Failure to comply with the terms of an extension granted by the Division or the Review Board; and/or,
- Separation from employment in the state mental health system without appropriate change in status category.

Upon defaulting from the DMH Addictions Therapist certification program, the individual immediately ceases to hold provisional certification (PCAT).

Defaulting from the program immediately overrides any other status category held by a provisionally-certified individual.

To return to Current Status, an individual in Defaulted Status would be required to repeat the application process meeting all current requirements, including any specific requirements determined necessary by the Division of PLACE and/or the Review Board.

Except in extremely rare and extenuating circumstances, as determined on a case-by-case basis by the Division of PLACE and/or the Review Board, a PCAT who has defaulted twice will not be allowed to reapply for this credentialing program a third time.

### **Relinquished Status**

A provisionally-certified individual who determines that he/she no longer needs/wants to hold and maintain professional certification may submit a written/email request to the Division of PLACE requesting Relinquished Status. The Division will subsequently review the request and/or present the request to the Review Board. The Division and/or Review Board may verify the circumstances surrounding the request. Once approved for Relinquished Status, the individual no longer holds the credential. The individual's certificate is null and void.

To return to Current Status, a provisional individual in Relinquished Status would be required to repeat the application process, meeting all current requirements, including any specific requirements determined necessary by the Division of PLACE and/or the Review Board.

## **FULL CERTIFICATION STATUS CATEGORIES**

**The following status categories are applicable to individuals holding full certification as a DMH Certified Addictions Therapist (CAT).**

### **Current Status**

An individual holding certification which is in good standing (including timely submission of all forms, fees, changes of information, etc.) and without sanctions will be considered to be in Current Status.

An individual whose credential is in Current Status is able to practice within the scope of practice of this credentialing program and the ethical standards/principles.

In order to maintain Current Status, a CAT is expected to notify the Division in writing (or via email) within 14 working days of a change in vital information such as name, address, employment, etc.



The name of a person whose credential is in Current Status will appear on any list produced by the Division if he/she is Current at the time the list is produced.

### **Inactive Status**

The Division of PLACE/Review Board may grant Inactive Status to a fully-certified individual who is leaving employment in the state mental health system and wishes to maintain the credential.

Inactive Status will only be granted to a fully-certified individual who is in good standing (Current Status) at the time of the request.

In order to pursue Inactive Status, the certified individual must submit a written/email request to the Division of PLACE. The Division will subsequently review the request and/or present the request to the Review Board. In the request, the fully-certified individual should request Inactive Status, provide an explanation as to why the status change is needed and indicate a specific time period for the inactivity. Documentation which supports the request may be submitted along with the request. The Division and/or the Review Board may verify the circumstances surrounding the request.

**Individuals granted Inactive Status must meet renewal requirements**, including payment of required fees and completion of required continuing education requirements. Otherwise, the certified individual's credential will lapse.

An individual in Inactive Status is allowed to continue to use the professional title behind his/her name, but is not allowed to practice.

A person in Inactive Status may be returned to Current Status upon submission of a written/email request, along with an appropriate Verification of Employment Form reflecting current employment within the state mental health system.

### **Lapsed Status**

Lapsed Status means the fully-certified individual's credential has expired and is no longer valid. A fully-certified individual's credential may lapse for any of the following reasons, including but not limited to:

- Failure to renew professional certification according to established timelines;
- Failure to make a special request, according to established timelines and obtain an appropriate certification status;
- The Division or Review Board's determination of failure to submit a satisfactory request for a status change;
- Failure to comply with the terms of the status change request granted by the Division or the Review Board; and/or,
- Separation from state mental health system employment without appropriate status change.

Lapsing from the program immediately overrides any other status category held by a fully-certified individual. Upon lapsing, the individual immediately ceases to hold certification.

### **Retired Status**

The Division of PLACE and/or the Review Board may grant Retired Status to an individual who has retired and is no longer employed in the state mental health system. Retired status is intended for individuals who have ceased working because they have either reached the age of retirement or have accumulated the number of work years to retire.

In order to pursue Retired Status, the individual (upon retirement) must submit a written/email request to the Division of PLACE. The Division will subsequently review the request and/or present the request to the Review Board. In the request, the individual should request Retired Status and indicate the date of retirement. The Division and/or Review Board may verify the circumstances surrounding the request. The individual granted Retired Status is no longer required to meet renewal requirements/fees and is permitted to keep his/her certificate.

### **Relinquished Status**

A fully-certified individual who determines that he/she no longer needs/wants to hold and maintain professional certification may submit a written/email request to the Division of PLACE requesting Relinquished Status. The Division will subsequently review the request and/or present the request to the Review Board. The Division and/or Review Board may verify the circumstances surrounding the request. Once approved for Relinquished Status, the individual no longer holds the credential. The individual's certificate is null and void.

## **CERTIFICATION REINSTATEMENT**

A DMH Addictions Therapist whose full certification has expired within the past three years, as determined by the Division's records (Relinquished, Retired or Lapsed Status) and who expired in good standing, may be eligible to reactivate his/her certification.

Reinstatement of certification is determined on a case-by-case basis, at the discretion of the Division and/or the Review Board. Individuals desiring reinstatement should submit a written/email request for reinstatement to the Division. The Division will subsequently review the request and/or present the request to the Review Board. Along with the request, the individual must submit a Verification of Employment Form which documents current state mental health system employment. If the request for reinstatement is subsequently approved, the individual must then submit (by a prescribed deadline) the following fees/documentation to the Division in order to finalize reinstatement: 1) reinstatement fee; 2) past renewal fees (including late charges), as determined by the Division or Review Board; and, 3) acceptable documentation of continuing education credit, as determined by the Division or Review Board.

Individuals interested in reinstatement should contact the Division for additional information. Fees are subject to change.

Reinstatement is not available to provisionally-certified individuals.

**During a renewal year, an individual desiring reinstatement must wait six months before applying for reinstatement.**

Beyond three years, post-expiration, total reapplication is required.

## CREDENTIAL VERIFICATION & REPORTING

Upon request, the Division may report specific information about DMH-credentialed individuals. The fields of information which may be shared with individuals making inquiry are:

- Name;
- Type of certification;
- Certificate number;
- Date of issuance;
- Date of expiration;
- Credential status; and,
- Whether or not formal disciplinary action has been taken against the individual.

*During renewal season, the Division reserves the right to hold such verification requests until all credentialing records are up-to-date, post renewal.*

The Division does not provide application submission/status verifications.

The Division does not provide verifications that a provisional applicant has met his/her upgrade application deadline.

The Division reserves the right to deny any credential verification request.

## DMH PRINCIPLES OF ETHICAL AND PROFESSIONAL CONDUCT

All applicants, Provisionally Certified Addictions Therapists and Certified Addictions Therapists shall comply with ethical standards/principles as established by the PLACE Review Board and the Department of Mental Health.

### A. Introduction

The State Legislature granted Statutory Authority for Mississippi Department of Mental Health certification/licensure programs in 1996. As a result, the Division of Professional Licensure and Certification was created to develop and implement the programs. Having been amended by the State Legislature in 1997, Section 41-4-7 of the *Mississippi Code of 1972, Annotated* currently includes a provision authorizing the State Board of Mental Health to certify/license case managers, mental health therapists, mental retardation

[IDD] therapists, mental health/retardation [IDD] administrators, addiction counselors and others as deemed appropriate by the State Board of Mental Health. The Mississippi Department of Mental Health (DMH) Division of Professional Licensure and Certification (PLACE) Review Board serves as the governing body for the everyday professional conduct of DMH-credentialed individuals. Individuals credentialed through the DMH may identify with different professional associations and are often certified by other groups with promulgated codes of ethics.

The safety, health, welfare and best interest of the individuals and families receiving services, and the public at large, are the primary guiding principles for appropriate professional conduct of all individuals holding a DMH professional certification. Individuals holding a DMH professional certification should adhere to all parts of the *DMH Principles of Ethical and Professional Conduct* listed below.

Applicable federal and state laws, the principles, program policies and any other pertinent rules must be observed when conducting business as a DMH-credentialed professional. Alleged violations of the principles may be subject to disciplinary action if the Review Board finds that a person is guilty of any violation of the principles. Information on disciplinary action is covered in Chapter 10.

The *DMH Principles of Ethical and Professional Conduct* herein referred to as “the principles,” provide a minimal ethical standard for the professional behavior of all individuals credentialed through DMH. The principles provide a level of expectation for ethical practice from all who hold a DMH credential. In addition, the principles provide an enforceable standard for all DMH-credentialed individuals and facilitate an avenue for recourse in case of a perceived ethical violation. While the principles cannot guarantee ethical practice by all DMH-credentialed individuals or resolve all issues, the intent of the principles is to provide guidelines for individuals who, in good faith, seek to make reliable ethical judgments. Six general principles of ethical and professional conduct follow.

## **B. Principle I: Competence**

- 1) Individuals holding a current credential from the Mississippi Department of Mental Health (DMH) must be employed by a program that receives funding from or is certified or operated by the DMH.
- 2) Individuals who hold a DMH professional credential must notify the Division of Professional Licensure and Certification upon any change affecting credential status, especially a change in employment.
- 3) Individuals holding a DMH professional credential must represent themselves as competent only within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience.
- 4) Individuals holding a DMH professional credential must provide services only within the boundaries of their education, training, license, certification, supervised experience or other relevant professional experience. Services provided must be

based on the most current information and knowledge available within the scope of services of the DMH.

- 5) Individuals who hold another professional credential shall abide by all principles contained herein.
- 6) The principles do not alleviate the individual's responsibility to other ethical, programmatic or professional guidelines. Rather, the principles must be adhered to in addition to other applicable ethical, programmatic and professional criteria.
- 7) Individuals holding a DMH professional credential must comply with all applicable sections of the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*, as appropriate (including, but not limited to, the *Operational Standards'* sections pertaining to confidentiality and the rights of individuals receiving services).

### **C. Principle II: Confidentiality**

- 1) Individuals holding a credential from DMH have an obligation to respect the confidentiality rights of the individuals with whom they work and must take reasonable precautions to preserve confidentiality.
- 2) Members of a treatment team or those collaborating on the care of an individual shall maintain confidentiality within the parameters of the treatment setting.
- 3) Confidential information may only be disclosed with appropriate valid consent from the individual receiving services or a person legally authorized to consent on behalf of the individual.
- 4) All information collected for the purpose of service delivery must be kept confidential and released only when authorized by redisclosure consent or state (or federal) law.
- 5) Individuals involved in family, couples, marital or group counseling must be informed of their individual right to confidentiality.
- 6) DMH-credentialed individuals must preserve the confidentiality of information shared by others, as well as agency policy concerning the disclosure of confidential information and must explain such policy to the individual receiving services.
- 7) When consulting with colleagues, DMH-credentialed individuals do not share confidential information that could lead to the identification of an individual who is receiving services with whom they have a confidential relationship unless they have obtained the prior consent of the person. Information may only be shared to the extent necessary to achieve the purposes of consultation.
- 8) Permission for the use of electronic recording of interviews must be secured, prior to the interview, from the individual receiving services or a person legally authorized to consent on behalf of the individual receiving services.
- 9) Confidentiality may be waived if disclosure is necessary to prevent serious, foreseeable, and imminent harm to oneself or other identifiable person or when laws or regulations require disclosure without an individual's consent.
- 10) The confidentiality privilege for the individual receiving services is waived if the individual brings charges against a DMH-credentialed individual.
- 11) Confidentiality may be waived in compliance with appropriate statutes.
- 12) In all instances, individuals who hold a credential from the DMH should disclose the least amount of confidential information necessary to achieve the desired purpose.

#### **D. Principle III: Respect for People's Rights and Dignity**

- 1) Individuals who hold a credential from DMH have a primary responsibility to the individual to whom they provide services. The respect of the fundamental rights, dignity and worth of all people is of the utmost importance.
- 2) DMH-credentialed individuals must be aware of and accept the cultural, individual and role differences that occur in the service delivery environment.
- 3) DMH-credentialed individuals do not discriminate against any individual because of race, color, creed, gender, religion, national origin, age, disability or political affiliation.
- 4) DMH-credentialed individuals actively work to eliminate the effect of bias on service provision, and they do not knowingly participate in or condone discriminatory practices.
- 5) Individuals holding a DMH credential who witness or have knowledge of unethical or discriminatory practices of other individuals who hold a DMH credential are obligated to report such practices to the Division of Professional Licensure and Certification.
- 6) DMH-credentialed individuals must be respectful of and responsive to individuals with cultural needs.
- 7) DMH-credentialed individuals must practice appropriate, relevant and sensitive interventions which enable effective work in cross-cultural situations.
- 8) DMH-credentialed individuals must maintain a fundamental respect for the beliefs, customs, institutions and ethnic heritages of all individuals served.

#### **E. Principle IV: Reporting Abuse**

DMH-credentialed individuals must meet reporting requirements as outlined by the Vulnerable Adults Act and the child abuse reporting statutes.

#### **F. Principle V: Sexual Harassment/Misconduct**

Sexual harassment/misconduct is considered to be any unwelcome solicitation, physical advance or verbal or nonverbal conduct that is sexual in nature. Sexual harassment/misconduct can consist of a single onerous act or multiple persistent or pervasive acts.

- 1) Individuals who hold a credential from DMH will not knowingly engage in behavior that is sexually harassing or demeaning to persons with whom they interact within the service delivery environment.
- 2) Any behavior that could be construed as sexual harassment during the DMH-credentialed individual's function of providing services for a program that is funded/certified/administered through the DMH, shall be subject to disciplinary action.

### **G. Principle VI: Drug Free Workplace**

The Department of Mental Health adopted written policy in Section 71-7-1 through 71-7-31 of the *Mississippi Code of 1972, Annotated* which outlines state policy regarding a Drug Free Workplace. Programs funded/certified/administered and individuals who hold a credential through the Mississippi Department of Mental Health will be expected to abide by this provision.

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## Chapter 10 – Complaints & Disciplinary Action

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### GROUNDS FOR DISCIPLINARY ACTION

Individuals holding provisional or full certification must conduct their activities and services in accordance with applicable federal and state laws, these *Standards & Requirements*, the *DMH Principles of Ethical and Professional Conduct*, and any other applicable rules/regulations.

An individual holding provisional or full certification may be subject to disciplinary action if the Review Board finds that he/she is guilty of any of the following or has knowledge of the following and has not reported such to the Division of PLACE. Grounds for disciplinary action include, but are not limited to:

- 1) Negligence in the practice or performance of professional services or activities;
- 2) Engaging in dishonorable, unethical, unprofessional conduct of a character likely to deceive, defraud, or cause harm in the course of professional services or activities;
- 3) Engaging in lewd conduct in connection with professional services or activities;
- 4) Obtaining a Department of Mental Health certificate or renewal certificate by fraud, deceit, material deception or other misrepresentation;
- 5) Perpetrating or cooperating in fraud or material deception in obtaining or renewing professional credentialing or attempting the same;
- 6) Being convicted of any crime which has a substantial relationship to the professionally credentialed individual's activities and services or an essential element of which is misstatement, fraud, or dishonesty;
- 7) Being convicted of any crime which is a felony under federal or state law;
- 8) Engaging in or permitting the performance of unacceptable services personally or by assistants working under the credentialed individual's supervision due to the credentialed individual's deliberate or grossly negligent act or failure to act, regardless of whether actual damage is established;
- 9) Treating any person differently or detrimentally because of race, color, creed, age, gender, religion, national origin, disability or political affiliation;
- 10) Engaging in false or misleading advertising;
- 11) Revealing confidential information except as may be required by law;
- 12) Failing to inform a client of the fact that the client no longer needs the services of the credentialed individual;
- 13) Performing services for compensation or representing oneself as a DMH-credentialed professional while holding a certificate in Defaulted, Lapsed, Relinquished, Suspended, Surrendered, or Revoked Status;
- 14) Attempting to utilize the certificate issued by the Department of Mental Health for private practice or for services outside the scope of practice;
- 15) Engaging in any conduct considered by the Review Board to be detrimental to the profession; and/or,
- 16) Engaging in any conduct considered by the Review Board to be in violation of the *DMH Principles of Ethical and Professional Conduct*.



## COMPLAINTS & INVESTIGATION

All complaints concerning a DMH-credentialed individual's professional service or activities must be received by the Division of PLACE.

All complaints concerning a DMH-credentialed individual must be submitted in writing, signed by the individual making the complaint, and notarized. The individual lodging the complaint should also include his/her contact information. The complaint should include the charges set forth with such clarity as to inform the Division, the PLACE Review Board and the certified individual of the issue involved. Complaints lodged with insufficient information may be unable to be addressed by the Review Board.

The Division of PLACE will log each complaint by recording the following information:

- 1) The DMH-credentialed individual's name;
- 2) The name and contact information of the complaining party;
- 3) The date of the complaint;
- 4) A brief statement of the complaint; and,
- 5) Disposition or attempts at settlement.

Substantial, jurisdictionally-appropriate complaints, as determined by the PLACE Review Board, will be investigated and evaluated by the Review Board, with consult, as needed, with the DMH Legal Division. A copy of all communications pertaining to complaints/investigations will be forwarded to the DMH attorney. The Review Board, with DMH Legal Division consult, as needed, will determine the necessity of a disciplinary hearing.

## NOTICE OF COMPLAINT & DISCIPLINARY HEARING

Upon determination that a hearing is needed, the Review Board will notify the DMH-credentialed individual that a complaint has been received and that a disciplinary hearing will be held.

The DMH-credentialed individual shall be notified at least 30 calendar days before the date of the disciplinary hearing. Notification will be considered to have been given if the notice was personally received by the DMH-credentialed individual or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division of PLACE.

The notice will inform the DMH-credentialed individual of the facts which are the basis of the complaint and which are specific enough to enable the credentialed individual to defend against the complaints. The notice of the complaint and the disciplinary hearing shall also inform the credentialed individual of the following:

- 1) The date, time and location of the disciplinary hearing;
- 2) That the DMH-credentialed individual may appear personally at the disciplinary hearing and may be represented by counsel;

- 3) That the DMH-credentialed individual shall have the right to produce witnesses and evidence on his/her behalf and shall have the right to cross-examine adverse witnesses and evidence;
- 4) That the Rules of Evidence do not apply;
- 5) That the disciplinary hearing could result in sanctions being taken against the DMH-credentialed individual;
- 6) That the Review Board will, in writing, advise the DMH-credentialed individual of any sanction(s) to be imposed and the basis for the Review Board's action; and,
- 7) That disposition of any formal complaint may be made by consent order or stipulation between the Review Board and the DMH-credentialed individual.

The disciplinary hearing will be an informal hearing and will be presided over by the Review Board Chairperson.

The Review Board will provide written notification to the DMH-credentialed individual as to any sanction(s) being imposed and the basis for the Review Board's action. This notification will be considered to have been given if the notice was personally received by the DMH-credentialed individual or if the notice was mailed "certified, return receipt requested" to the last known address as listed with the Division of PLACE.

If disciplinary action is taken against an individual, his/her employer (along with any applicable third party) will be notified by DMH.

All disciplinary hearing procedures are matters of public record and shall be preserved pursuant to state law. The final disposition of any disciplinary hearing will be recorded in Board minutes.

## **SANCTIONS**

The Review Board may impose any of the following sanctions, singly or in combination, when it finds that a DMH-credentialed individual is guilty of any of the offenses referred to in the "Grounds For Disciplinary Action" section of this chapter:

- 1) Issuance of a letter of official reprimand to the DMH-credentialed individual;
- 2) Refusal to renew a certificate;
- 3) Restriction or limitation of the individual's scope of practice;
- 4) Suspension of the certificate for any period of time;
- 5) Revocation of the certificate;
- 6) Approval of the individual's request for surrender of professional credential; and/or,
- 7) Assessment of reasonable costs for inquiries, disciplinary hearing(s) and/or complaint resolution.

## **DISCIPLINARY STATUS CATEGORIES**

Disciplinary status categories are applicable to individuals holding any level of credentialing available through the DMH Addictions Therapist Certification Program.

### **Limited**

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may choose to restrict or limit a certified individual's practice.
- 2) To return to Current Status, an individual in Limited Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

### **Suspended**

The Review Board, as a result of disciplinary action as defined in this chapter, may choose to invalidate an individual's certification for any period of time.

An individual's certification may also be suspended due to noncompliance with the CE renewal requirement, as determined by the audit process described in Chapter Seven.

- 1) The individual's certificate shall be turned over to the Division for the period of suspension.
- 2) To return to Current Status, an individual in Suspended Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

### **Surrendered**

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may choose to request the surrender of an individual's certificate.
- 2) In addition, the certified individual may request Surrendered Status. However, the certified individual's request for Surrendered Status is subject to the approval of the Review Board and/or DMH Executive Director.
- 3) The surrendered certificate shall be turned over to the Division.
- 4) To return to Current Status, an individual in Surrendered Status would be required to meet all requirements as determined to be necessary by the Review Board and/or DMH Executive Director.

### **Revoked**

- 1) The Review Board, as a result of disciplinary action as defined in this chapter, may revoke an individual's certification.
- 2) Once professional certification is revoked, the individual must return his/her certificate to the Division.

- 3) Following the period of revocation established by the Review Board, the individual may reapply for certification by repeating the application process, meeting all current professional certification requirements, in addition to any additional requirements determined to be necessary by the Review Board and/or DMH Executive Director.

### **DISCIPLINARY APPEAL**

Following a disciplinary hearing, a DMH-credentialed individual aggrieved by a decision of the Review Board related to the disciplinary action/sanctions shall have the right to appeal to the DMH Executive Director. The Division of PLACE must receive the credentialed individual's written notification of appeal within 15 calendar days of the mailing of the written notification of the Review Board's action, as determined by the Division's records.

The DMH Executive Director (or designee) will review the DMH-credentialed individual's case and notify the credentialed individual of the results of this review within 30 days.

A DMH-credentialed individual aggrieved by the DMH Executive Director's decision regarding the appeal may then appeal to the State Board of Mental Health. Appeals to the State Board of Mental Health must be received by DMH within 30 calendar days of the mailing of the DMH Executive Director's final decision, as determined by DMH's records; the appeal must be made and conducted in accordance with established Board policy.

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## Glossary

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The following **terms and definitions** apply to the **DMH Addictions Therapist credentialing program**:

- **A/D**: Abbreviation for “Alcohol and other Drug”
- **Alcohol and other Drug (A/D) abuse prevention services**: Alcohol and other drug (A/D) abuse prevention services, as described in the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*, generally refers to a process that involves interacting with individuals, communities, and systems to promote programs and activities designed to prevent, reduce or delay substance use or abuse. A/D prevention services generally involve the application of the following six (6) prevention strategies: 1) information/dissemination; 2) affective education programs; 3) alternative programs; 4) program/identification and referral; 5) community-based process; and, 6) environmental programs.
- **Alcohol and other Drug (A/D) abuse treatment services**: Alcohol and other drug (A/D) abuse treatment services, as described in the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers*, generally refers to services and supports which are available to individuals with substance abuse disorders, such as primary substance abuse treatment (i.e., Primary Residential Treatment, General Outpatient Services, Intensive Outpatient [IOP] Services, Inpatient Chemical Dependency Unit [CDU] Services and Specific Outpatient DUI Program Tracks), transitional residential/secondary substance abuse treatment; and, aftercare/substance abuse support services.
- **Applicant**: An individual who has submitted a complete application packet for DMH professional credentialing
- **Approved Educational Institution**: An institution of higher learning which is accredited by a regional accrediting body
- **Audit**: Random selection of renewed individuals for the purpose of determining compliance with the continuing education (CE) renewal requirement
- **Board**: The Mississippi State Board of Mental Health
- **Certificate**: The document issued by DMH attesting to an individual’s DMH professional credential
- **Certification Period**: Individuals holding full certification are on a four-year certification schedule, referred to as the “certification period.” Qualified CATs and LCATs renew every four years by the renewal deadline.

- **Certified Addictions Therapist (CAT):** An individual who obtains and maintains the CAT credential through the Mississippi Department of Mental Health; this credential was formerly known as CAC.
- **Continuing Education (CE) Hours:** Educational/training activities required for renewal which are designed to increase the professional proficiency of an individual holding a DMH professional credential; one Continuing Education Hour (CE) consists of 60 consecutive minutes of training
- **Credential(ing):** A generic term referring to any or all levels of DMH professional certification
- **Date of Issuance:** The assigned date on which a DMH professional credential becomes effective
- **Division/Division of PLACE:** The Department of Mental Health, Division of Professional Licensure and Certification (PLACE)
- **DMH:** The Mississippi Department of Mental Health
- **DMH Addictions Therapist Web-based Training Component:** A customized collection of e-learning courses (and corresponding exams) designed to address basic knowledge and practical information pertinent to an addictions therapist in the state mental health system; successful completion of this web-based training component is one of the requirements for CAT.
- **DMH Executive Director:** The Executive Director of the Mississippi Department of Mental Health
- **DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers:** Manual published by the Mississippi Department of Mental Health which establishes and promulgates required operational standards for programs receiving DMH certification
- **Independent Practitioner, Behavioral Health:** An individual who holds a current professional license; the license must be in a behavioral health discipline and/or must be accompanied by experience in the behavioral health field; examples of independent practitioner professional license types acceptable for DMH Addictions Therapist “Qualified Supervisor” can be found in the “Glossary” section of the current DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Abuse Community Service Providers under the definition “Professional License.”
- **Licensed Clinical Addictions Therapist (LCAT):** An individual who obtained and maintains the LCAT credential through the Mississippi Department of Mental Health; this level of credentialing was discontinued effective January 2009. Though no longer

available to new applicants, those who obtained the LCAT credential prior to its discontinuance may continue to renew it as long as renewal requirements are met. This credential was formerly known as LCAC.

- **PLACE Review Board/Review Board:** The Professional Licensure and Certification (PLACE) Review Board
- **Provisional Certification Period:** The Provisional Certification Period is the time period an individual holds provisional certification (PCAT). The Provisional Certification Period begins on the PCAT credential's assigned date of issuance and can last for a maximum of 24 consecutive months. Provisional certification is temporary and nonrenewable. By the end of the Provisional Certification Period, the PCAT is expected to have completed all requirements to upgrade to full certification.
- **Provisionally Certified Addictions Therapist (PCAT):** An individual who obtains the PCAT credential through the Mississippi Department of Mental Health; PCAT is a temporary, nonrenewable certification. PCATs work towards full certification as a Certified Addictions Therapist (CAT). This credential was formerly known as PCAC.
- **Qualified Supervisor:** A Qualified Supervisor is defined as an individual who meets the established professional criteria, as outlined in Chapter Three of this document, to provide supervision of (and verify) a CAT applicant's required work experience.
- **Staff Development Officer (SDO):** State mental health system program employee(s) responsible for maintaining staff development records and assisting in the verification of ongoing continuing education for renewal applicants; the SDO also serves as a liaison between the program and the Division and as a resource to his/her program concerning DMH professional credentialing. The SDO is appointed by the Program Director; a record of SDO appointments is maintained on file by the Division.
- **State Mental Health System:** The network of programs in Mississippi which receive funding and/or programmatic certification by the Mississippi Department of Mental Health and/or programs certified/licensed by the Mississippi State Department of Health that are operated by the state mental health system (i.e., Mississippi Department of Mental Health)
- **Upgrade:** Progression (i.e., moving) from provisional (temporary) certification (PCAT) to full certification (CAT)

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# DMH Addictions Therapist Application Forms

## PCAT & CAT

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Effective January 1, 2012

### Contact Information:

Mississippi Department of Mental Health (DMH)  
Division of Professional Licensure & Certification (PLACE)  
1101 Robert E. Lee Building  
239 North Lamar Street  
Jackson, MS 39201  
601-359-1288 (DMH Main #)  
601-359-6295 (Fax)  
[www.dmh.ms.gov](http://www.dmh.ms.gov)

601-359-5360 (PLACE Main #)  
[place@dmh.state.ms.us](mailto:place@dmh.state.ms.us) (PLACE email)

### PLACE Staff:

**Stephanie Foster, Director**  
[stephanie.foster@dmh.state.ms.us](mailto:stephanie.foster@dmh.state.ms.us)

**Nancy Luke, Credentialing Coordinator**  
[nancy.luke@dmh.state.ms.us](mailto:nancy.luke@dmh.state.ms.us)

**Patricia Cummings, Administrative Assistant**  
[patricia.cummings@dmh.state.ms.us](mailto:patricia.cummings@dmh.state.ms.us)



## Provisionally Certified Addictions Therapist (PCAT) Application Directions, Checklist & Forms

**The information below includes:**

- Overview of PCAT Requirements;
- PCAT General Application Directions;
- PCAT Application Checklist; and,
- PCAT Application Forms.

**Before submitting an application**, be sure to review the complete description of PCAT requirements and the complete application process for PCAT located in Chapters 1 through 10.

### PCAT - General Requirements Overview

Requirements to apply for PCAT	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 Chapter One.</li> <li>• If you are not sure you meet this requirement, please check with your Personnel Office.</li> <li>• <b>Initial</b> applicants must have responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions; <i>employment in the field of alcohol and other drug abuse prevention services does not satisfy this employment requirement.</i> <b>Upgrade</b> applicants are exempt from this specific employment requirement; refer to Chapter Three for more information.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Refer to the Education Requirement for certification listed in Chapter Three.</li> <li>• If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program’s Staff Development Officer (SDO).</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• All applicants must read and abide by the <i>DMH Principles of Ethical and Professional Conduct</i> located in Chapter Nine. It is the applicant’s responsibility to read these principles before signing and submitting the application.</li> </ul>
<b>Criminal Background Checks</b>	<ul style="list-style-type: none"> <li>• As part of the application process, 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>• NONE - No experience is required to apply for Provisionally Certified Addictions Therapist (PCAT).</li> <li>• Experience is required to apply for/upgrade to <u>full</u> certification - Certified Addictions Therapist (CAT). The experience requirement for full certification (CAT) is listed in Chapter Three.</li> </ul>

## PCAT – 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.
- Please print legibly or type the information requested on the application forms. 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. An official print copy is preferred. *However, if you choose to submit your official transcript(s) in an electronic format, it is your responsibility to have the college/university submit, along with the electronic transcript, sufficient documentation to verify that the electronic transcript is an official copy.*
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has an 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 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 PCAT 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.**
- No application is considered complete without the required fees.
- Processing of an application will cease upon return of a check due to insufficient funds.

## PCAT – Application Packet Checklist

To apply for **temporary certification as a PCAT**, an individual should submit an **application packet** which contains the following materials; **utilize this checklist to ensure that you have included all required application materials:**

**PCAT Application Form – Pages 68, 69 and 70**

- Must be properly notarized (includes both applicant **and** notary signatures)

**PCAT Verification of Employment Form – Page 71**

- 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"
- For **initial** applicants: Must show designation of **initial** applicant having responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions; *employment in the field of alcohol and other drug abuse prevention services does not satisfy this employment requirement (or provide appropriate explanation); Upgrade applicants are exempt from this specific employment requirement.*
- Must show proof that Criminal Background Checks have been conducted

**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.

### Mail your complete application packet to:

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

# APPLICATION FORM for Provisionally Certified Addictions Therapist (PCAT)

*ATTENTION: (This is the Application Form for PROVISIONAL Certification.)*

**Directions:** This form is to be completed by the Applicant. Type or print **ALL INFORMATION**; fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized.

## 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/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>			

## Employment Information

6.

<u>CURRENT</u> Place of Employment			
Employer's <u>Street</u> Address	Street Address:		
City, State, Zip	City:	State:	Zip:
Office Telephone Number			

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

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

**DMH Professional Credentialing Information**

7.

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

**Educational/Official Transcript Information**

8.

List all earned Degree(s) Title(s) & Major(s) <i>(for example M.A. in Psychology)</i>	
Date Degree(s) 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 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

**Experience Assurance**

I, the Applicant, acknowledge that there is no work experience requirement to apply for provisional certification. However, I further acknowledge that I must have a minimum of two full years (24 months or its full-time equivalent) of supervised work experience in the field of alcohol and other drug abuse prevention/treatment services (either providing or supervising the provision of services) verified by a qualified supervisor to meet the work experience requirement to upgrade to full certification (CAT) as outlined in the DMH Addictions Therapist Standards & Requirements booklet. I further acknowledge that this experience must have been accrued by the end of my Provisional Certification Period. **My signature in the notary section indicates this understanding.**

**APPLICATION MUST BE NOTARIZED on pg. 70**

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

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

**- AFFIDAVIT -**

State of \_\_\_\_\_

County of \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the *DMH Addictions Therapist Standards & Requirements* document and the *DMH Principles of Ethical & Professional Conduct* and will conform to these *Standards & 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 he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services (if any) rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned; and, that he/she understands that the application fee is nonrefundable/nontransferable.

\_\_\_\_\_  
**Applicant's Signature**

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

**My commission expires on** \_\_\_\_\_.



## VERIFICATION OF EMPLOYMENT FORM (PCAT)

*Attention: (This is the Verification of Employment Form for **PROVISIONAL** certification.)*

**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-_____ (Last 4 Digits)
<b>Applicant/Employee's Place of Employment</b>	Overall Agency/Organization/Facility Name:
	Applicant/Employee's <b>Specific Programmatic Area:</b>
<b>Applicant/Employee's Date of Hire</b>	
<b>Applicant/Employee's Job Title</b>	
<b>Does the Applicant/Employee have responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation)  Explanation: _____

**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 programmatic area which is **funded and/or certified** by the Mississippi Department of Mental Health.

YES                       NO

b. The applicant/employee **currently** works for a facility/organization which is **operated by** the Mississippi Department of Mental Health.

YES                       NO

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

**Email:** \_\_\_\_\_

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

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

## Certified Addictions Therapist (CAT) Application Directions, Checklist & Forms

**The information below includes:**

- Overview of CAT Requirements;
- CAT General Application Directions;
- CAT Application Checklist; and,
- CAT Application Forms.

**Before submitting an application**, be sure to review the complete description of CAT requirements and the complete application process for CAT located in Chapters 1 through 10.

### CAT - General Requirements Overview

Requirements to apply for CAT	Description
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Must be currently employed in Mississippi’s “state mental health system,” as defined in Chapter One.</li> <li>• If you are not sure you meet this requirement, please check with your Personnel Office.</li> <li>• <b>Initial applicants</b> (those applying <u>directly</u> for CAT) must have responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions; <i>employment in the field of alcohol and other drug abuse <u>prevention</u> services does <u>not</u> satisfy this employment requirement.</i> <b>Upgrade</b> applicants are exempt from this specific employment requirement; refer to Chapter Three for more information.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Refer to the Education Requirement for certification listed in Chapter Three.</li> <li>• If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program’s Staff Development Officer (SDO).</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• All applicants must read and abide by the <i>DMH Principles of Ethical and Professional Conduct</i> located in Chapter Nine. It is the applicant’s responsibility to read these principles before signing and submitting the application.</li> </ul>
<b>Criminal Background Checks</b>	<ul style="list-style-type: none"> <li>• As part of the application process, 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 two full years (24 months or its full-time equivalent) of supervised work experience in the field of alcohol and other drug abuse prevention/treatment services verified by a qualified supervisor is required. This experience may either be the provision or supervision of alcohol and other drug abuse prevention/treatment services.</li> <li>• Refer to Chapter Three for additional information.</li> </ul>
<b>Exam/Training</b>	<ul style="list-style-type: none"> <li>• Refer to Chapter Three for detailed information regarding the Exam/Training requirement.</li> </ul>



## CAT – 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.
- Please print legibly or type the information requested on the application forms. Be sure to provide all information requested. Every blank should have a response, even if it is “Not Applicable.”
- **If you are applying directly for CAT** (not upgrade), an official copy of your transcript(s) showing that you meet the Education Requirement, as outlined in Chapter Three, is required. If, however, you are upgrading from PCAT, no additional transcript is required.
- **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. An official print copy is preferred. *However, if you choose to submit your official transcript(s) in an electronic format, it is your responsibility to have the college/university submit, along with the electronic transcript, sufficient documentation to verify that the electronic transcript is an official copy.*
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has an 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 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.
- **Individuals who paid the application fee when applying for PCAT DO NOT PAY this fee again when applying to UPGRADE to CAT. However, individuals applying directly for CAT (thus skipping PCAT) must pay this one-time fee.** Refer to Chapters Four and Eight 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.

## CAT – Application Packet Checklist

Before submitting your complete CAT application packet (upgrade OR direct application), utilize this checklist to ensure that you have included all required application materials:

The CAT application packet, at a minimum, must contain the following:

CAT Application Form – Pages 76, 77 and 78

- Must be properly notarized (includes both applicant **and** notary signatures)

CAT Verification of Employment Form – Page 79

- 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 form’s directions
- Must show proof of current employment in Mississippi’s “State Mental Health System”
- **For initial applicants** (those applying directly for CAT): Must show designation of **initial** applicant having responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions; *employment in the field of alcohol and other drug abuse prevention services does not satisfy this employment requirement* (or provide appropriate explanation); **Upgrade** applicants are exempt from this specific employment requirement.
- Must show proof that Criminal Background Checks have been conducted

CAT Verification of Work Experience Form – Pages 80 and 81

- Must be completed by a Qualified Supervisor – refer to page 80; Item # 1
- Must be placed in a signed/sealed envelope, according to the form’s directions, and returned to the Applicant for inclusion with the CAT application packet

DMH Addictions Therapist Web-based Training Documentation (CAT “Learner Transcript”)

- Each CAT applicant who has completed the required DMH Addictions Therapist web-based training component for CAT must include a **signed** copy of his/her web-based training “**Learner Transcript**” in the CAT application packet.
- The “Learner Transcript,” containing the CAT applicant’s **original signature**, must be signed in **blue** ink, attesting to the fact that the entire web-based training component was completed by the applicant.
- The submitted “Learner Transcript” must contain the course names and corresponding dates of completion for each course in the web-based training component, as well as the total number of course hours completed.
- The “Learner Transcript” documentation must be submitted whether the web-based training was completed through DMH or through an outside venue. Submission of this information is the applicant’s responsibility.

**IF you took the DMH Chemical Dependency Unit (CDU) Exam:**

*If you entered the DMH Addictions Therapist credentialing program **prior to** January 1, 2012, **AND** you successfully completed the DMH Chemical Dependency Unit (CDU) Examination **in place of** the DMH Addictions Therapist Web-based Training Component, please denote this information on the CAT Application Form.*

**Depending on the CAT applicant's situation**, the following additional items may also be required; the inclusion of the following items will vary depending on whether the Applicant is submitting an initial or an upgrade application:

**Official Transcript**

- **If UPGRADING from PCAT**, no additional transcript is required.
- **IF applying DIRECTLY for CAT (not upgrade)**:
  - 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 CAT, not upgrade from PCAT) - \$75.00**

- **If upgrading from PCAT**, no application fee is required.
  - Individuals who paid the application fee when applying for PCAT **DO NOT PAY** this fee again.
  - DO NOT pay the application fee twice; application fees are nonrefundable and nontransferable.
- **IF applying directly for CAT (thus skipping PCAT)**, 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.

**Mail your complete application packet to:**

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

# APPLICATION FORM for Certified Addictions Therapist (CAT)

*ATTENTION: (This is the Application Form for FULL Certification.)*

**Directions:** This form is to be completed by the Applicant. Type or print **ALL INFORMATION**; fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized.

**Check the appropriate box:**

<input type="checkbox"/> <b>Initial</b> Application - (Applicant is applying <u>directly</u> for full certification.)
<b>OR</b>
<input type="checkbox"/> <b>Upgrade</b> Application - (Applicant is applying to <u>upgrade</u> from provisional to full certification.)

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

## Employment Information

6.

<u>CURRENT</u> Place of Employment			
Employer's <u>Street Address</u>	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)

**DMH Professional Credentialing Information**

7.

Do you currently hold (or have you ever held) any DMH professional credential?	<input type="checkbox"/> YES <input type="checkbox"/> NO										
If "yes," please list the type(s) of DMH Professional Credential(s) held, along with the credential expiration date(s) (if known)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%; text-align: center;">Credential Type(s)</th> <th style="width: 30%; text-align: center;">Expiration Date(s)</th> </tr> </thead> <tbody> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> <tr><td style="height: 20px;"> </td><td> </td></tr> </tbody> </table>	Credential Type(s)	Expiration Date(s)								
Credential Type(s)	Expiration Date(s)										

**Educational/Official Transcript Information**

**Directions FOR THIS SECTION ONLY:**  
 If this is an **INITIAL APPLICATION**, you **MUST Complete** the Educational/Transcript Information below.  
 If this is an **UPGRADE APPLICATION**, you **MAY Omit** the Educational/Transcript Information below.

8.

List all earned Degree(s) Title(s) & Major(s) <i>(for example M.A. in Psychology)</i>	
Date Degree(s) 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 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

**Required Work Experience**

A minimum of two full years (24 months or its full-time equivalent) of supervised work experience in the field of alcohol and other drug abuse prevention/treatment services (*either providing or supervising the provision of services*) verified by a qualified supervisor, as outlined in the *DMH Addictions Therapist Standards & Requirements* booklet, is required. **I have included Verification of Work Experience Form(s) from the following supervisor(s) to document my required work experience.**

<p><b>9. List the name(s) of each Supervisor who completed a Verification of Work Experience Form(s) for you.</b></p> <p>You may submit more than one Verification of Work Experience Form, if needed; list each supervisor's name separately.</p>	<p style="text-align: center;"><b>Supervisor's Name(s):</b></p>
--	---

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

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

**Exam/Training Component**

10.

<p><b>DMH Addictions Therapist Web-based Training Component</b></p> <ul style="list-style-type: none"> <li>A <b>signed</b> copy of your <b>DMH Addictions Therapist Web-based Training Component "Learner Transcript"</b> must be enclosed with your CAT application; it must contain your <b>original signature</b> in <b>blue ink</b>. Your "Learner Transcript" must also verify successful completion of all required courses (including course names/dates of completion) and total number of course hours completed.</li> </ul>	<p>I completed the DMH Addictions Therapist Web-Based Training Component <b>and</b> verify that the entire DMH Addictions Therapist Web-based Training Component was completed by me. A <b>signed</b> copy of my <b>DMH Addictions Therapist Web-based Training Component "Learner Transcript"</b> is included.</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> Not Applicable</p>
<p><b>IF you took the DMH Chemical Dependency Unit (CDU) Examination:</b></p> <p><i>(Individuals who entered the DMH Addictions Therapist credentialing program prior to January 1, 2012, may have taken the DMH CDU exam in place of the DMH Addictions Therapist Web-based Training Component.)</i></p>	<p>I completed the DMH Chemical Dependency Unit (CDU) Examination in place of the DMH Addictions Therapist Web-based Training Component.</p> <p><input type="checkbox"/> YES      <input type="checkbox"/> NO      <input type="checkbox"/> Not Applicable</p> <p>If you completed the CDU examination, you <b>DO NOT</b> have to include a copy of your transcript with your application.</p>

**APPLICATION MUST BE NOTARIZED BELOW:**

**-AFFIDAVIT-**

State of \_\_\_\_\_ County of \_\_\_\_\_

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the DMH Addictions Therapist Standards & Requirements document and the DMH Principles of Ethical & Professional Conduct and will conform to these Standards & 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 he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned; and, that he/she understands that the application fee is nonrefundable/nontransferable.

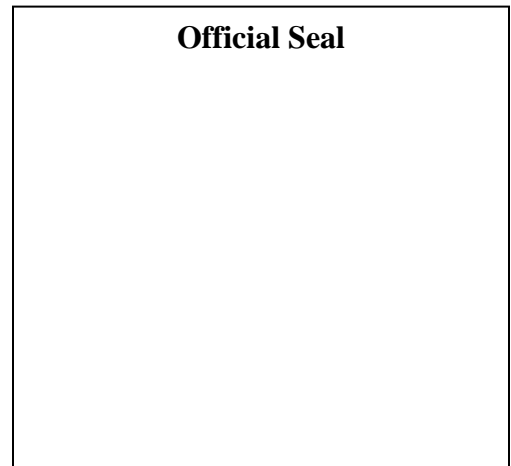
\_\_\_\_\_  
**Applicant's Signature**

Subscribed and sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**Signature of Notary Public**

My commission expires on \_\_\_\_\_.



# VERIFICATION OF EMPLOYMENT FORM (CAT)

*Attention: (This is the Verification of Employment Form for FULL certification.)*

**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-_____ (Last 4 Digits)
<b>Applicant/Employee's Place of Employment</b>	Overall Agency/Organization/Facility Name: _____
	Applicant/Employee's <b>Specific Programmatic Area:</b> _____
<b>Applicant/Employee's Date of Hire</b>	_____
<b>Applicant/Employee's Job Title</b>	_____
<b>Does the Applicant/Employee have responsibility for providing (or supervising the provision of) services to individuals with alcohol and/or other drug abuse problems/addictions?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation) Explanation: _____
	This form is part of the applicant/employee's CAT <b>upgrade</b> application. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unsure

**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 programmatic area which is **funded and/or certified** by the Mississippi Department of Mental Health.

YES                       NO

b. The applicant/employee **currently** works for a facility/organization which is **operated by** the Mississippi Department of Mental Health.

YES                       NO

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

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

\_\_\_\_\_  
Date

# VERIFICATION OF WORK EXPERIENCE FORM for Certified Addictions Therapist (CAT)

**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-\_\_\_\_\_

**Applicant Instructions:**

- Complete your name and SSN above.
- Submit this form (pages 80 and 81) 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

**Qualified Supervisor Instructions:**

- Verify that you meet the supervisor qualifications to complete/sign this form; otherwise, return 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 the correction.
- **Sign and date the form.** Enclose the form (pages 80 and 81) 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</u> Name/Job Title</b>	<b>Supervisor Name:</b>		
	<b>Supervisor Job Title:</b>		
<b><u>Supervisor's</u> Qualification (Check One)</b>	<input type="checkbox"/> Hold a DMH Certified Addictions Therapist (CAT) credential in good standing; <i>formerly known as Certified Addiction Counselor</i>  <input type="checkbox"/> Hold a DMH Licensed Clinical Addictions Therapist (LCAT) credential in good standing; <i>this credential is no longer offered to new applicants; formerly known as Licensed Clinical Addiction Counselor</i>  <input type="checkbox"/> Hold a <b>current</b> professional license as an independent practitioner in a behavioral health discipline and/or with experience in the behavioral health field <b>AND</b> (check one option below): <div style="margin-left: 40px;"> <input type="checkbox"/> A copy of my current license is enclosed <b>OR</b>  <input type="checkbox"/> A copy of my current license is on file with the DMH Division of PLACE         </div>		
<b><u>Supervisor's</u> Place of Employment</b>	Overall Agency/Organization/Facility Name:		
	Programmatic Area:		
<b>Business <u>Address</u></b>	Street Address/P.O. Box:		
<b>City, State, Zip</b>	City:	State:	Zip:
<b>Business Contact Information</b>	Phone:	Email:	



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

<b><u>Applicant's</u> Name</b>	
Dates When You Supervised the Applicant's Work Experience (Do not use "Current")	From _____ / _____ to _____ / _____ (Month/Year) (Month/Year)
Agency/Organization/Facility <u>AND</u> Programmatic Area where you supervised the Applicant's Work Experience	<input type="checkbox"/> Same as "Supervisor's Place of Employment" Listed in Item #1 on previous page <b><u>OR</u></b> <input type="checkbox"/> Different from "Supervisor's Place of Employment" Listed in Item #1 on previous page; <b><u>List Agency &amp; Programmatic Area Name/Address Here:</u></b>
<b>Applicant's</b> Job Title at the time of supervision	Job Title:
At the time of supervision, the Applicant was: (Check only one)	<input type="checkbox"/> A full-time employee (40 hours/week) <input type="checkbox"/> A part-time employee at _____ % <input type="checkbox"/> A <u>graduate</u> -level intern at _____ hours per week
Did the Applicant's duties include either the provision <u>OR</u> supervision of Alcohol and other Drug Abuse Prevention/Treatment Services?	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide explanation)  Explanation:
Describe the professional duties, including the <u>Alcohol and other Drug Abuse Prevention/Treatment</u> duties, the Applicant performed under your supervision. (Write on the back or 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**

