



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

## **DMH PLACE Professional Credentialing**

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### **DMH Intellectual and Developmental Disabilities (IDD) Therapist Application Forms PCIDDT & CIDDT**

Effective Date – June 15, 2017

#### **CONTACT INFORMATION**

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

#### **IMPORTANT NOTICE:**

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

# Provisionally Certified Intellectual and Developmental Disabilities Therapist (PCIDDT)

## Application Directions, Checklist & Forms

**The information below includes:**

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

**Before submitting an application**, be sure to review the complete description of PCIDDT requirements and the complete application process for PCIDDT located in the most current version of the *DMH PLACE Professional Credentialing Rules and Requirements* document, hereafter referred to as the *Rules and Requirements* document. This document is located on the “PLACE” page of the DMH website: [www.dmh.ms.gov](http://www.dmh.ms.gov).

### PCIDDT - General Requirements Overview

Requirements to apply for PCIDDT	Description
<b>Employment</b>	<ul style="list-style-type: none"> <li>• Must be <u>currently</u> employed in Mississippi’s “state mental health system,” as defined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please check with your Personnel Office.</li> </ul>
<b>Education</b>	<ul style="list-style-type: none"> <li>• Refer to the DMH Intellectual and Developmental Disabilities Therapist Education Requirement outlined in the <i>Rules and Requirements</i> document</li> <li>• If you are not sure you meet this requirement, please contact the DMH Division of PLACE and/or consult with your program Staff Development Officer (SDO).</li> </ul>
<b>Ethics</b>	<ul style="list-style-type: none"> <li>• All applicants must read and abide by the “DMH Principles of Ethical and Professional Conduct” located in the <i>Rules and Requirements</i> document. It is the applicant’s responsibility to read these principles before signing and submitting the application. (Applicants should also review the corresponding “Grounds for Disciplinary Action.”)</li> <li>• Applicants must inform the Division of PLACE of any previous or pending disciplinary action against them by any professional credentialing body or association.</li> </ul>
<b>Criminal Background Checks</b>	<ul style="list-style-type: none"> <li>• As part of the application process, the Division of PLACE ensures that employers have conducted background checks on individuals applying for DMH professional credentials. No one will be credentialed without proof of background checks.</li> </ul>
<b>Experience</b>	<ul style="list-style-type: none"> <li>• NONE - No experience is required to apply for Provisionally Certified Intellectual and Developmental Disabilities Therapist (PCIDDT).</li> <li>• Experience is required to apply for <u>full</u> certification – DMH Certified Intellectual and Developmental Disabilities Therapist (CIDDT).</li> </ul>

## PCIDDT – General Application Directions

### General Application Directions

- Applicants should read all directions and application materials before beginning the application process. **Each application form has specific directions which must be followed.**
- Certain application forms must bear original signatures, as indicated on the form. Copies or faxes are not accepted.
- Be sure to provide all information requested. Every blank should have a response, even if it is “Not Applicable.”
- With the exception of the official transcript, all application materials must be submitted together in one application packet. The official transcript can either be included in the application packet or sent to the DMH Division of PLACE directly from the college/university. This is the only application piece which may be submitted separately.
- The official transcript must be submitted in a sealed college/university envelope and document that the educational requirement has been met. If sent to you, **do not open it** before placing it in your application packet. If, however, the applicant chooses to submit his/her official transcript(s) in an electronic format, it is the applicant’s responsibility to have the college/university submit, along with the electronic transcript, sufficient documentation to verify that the electronic transcript is an official copy; accordingly, such documentation will be subject to Division of PLACE/PLACE Review Board approval.
- If you currently hold another DMH professional credential, and the DMH Division of PLACE already has the necessary official copy of your transcript on file, you should designate this information in the appropriate space on the Application Form. If this is the case, submitting another official transcript is not necessary.
- All submission deadlines reflect the date received by the DMH Division of PLACE, not postmarked dates.
- The PLACE Review Board only considers complete applications; all application deficiencies must be resolved.
- Only forms prescribed by the DMH Division of PLACE may be utilized to apply for certification. Application forms may be changed without prior notice. The most current version should be utilized.
- Once submitted, all application materials become the property of DMH. Application materials will not be returned; the applicant should keep a copy of the application materials, except those under seal.
- All fees pertaining to DMH professional credentialing are nonrefundable and nontransferable. If an application or other credentialing fee is submitted in error, it will not be refunded.
- **The PCIDDT 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.

## PCIDDT – Application Packet Checklist

To apply for **temporary certification as a PCIDDT**, 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:**

**PCIDDT Application Form – Pages 5, 6 and 7**

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

**PCIDDT Verification of Employment Form – Page 8**

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

**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)  
239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201

# APPLICATION FORM for Provisionally Certified Intellectual and Developmental Disabilities Therapist (PCIDDT)

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

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

## Personal Information

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

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

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

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

5.

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

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

## Employment Information

6.

<b><u>CURRENT</u></b> Place of Employment			
Place of Employment (Physical) <b><u>Street Address</u></b>			
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 History/Information**

7.

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

**Additional Professional Credentialing History/Information**

8.

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

**Educational/Official Transcript Information**

9.

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











## CIDDT – Application Packet Checklist

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

**The CIDDT application packet (initial or upgrade), at a minimum, must contain the following:**

**CIDDT Application Form – Pages 13, 14 and 15**

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

**CIDDT Verification of Employment Form – Page 16**

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

**CIDDT Verification of Work Experience Form – Pages 17 and 18**

- Must be completed by a "Qualified Supervisor" – refer to the *Rules and Requirements* document for "Qualified Supervisor" information
- Must be placed in a **signed/sealed envelope** (by the supervisor), according to the form's directions, and returned to the Applicant for inclusion with the CIDDT application packet
- **Only if applicable:** Supervisor resume/vita - a supervisor claiming the CIDDT "certification eligible" supervisor qualification, as outlined in the *Rules and Requirements* document, **must** submit, along with the applicant's completed/verified work experience form, a copy of his/her resume/vita which demonstrates that he/she meets the Education and Experience requirements for CIDDT. The supervisor's submitted resume/vita may be produced by the supervisor, or the supervisor may utilize the DMH PLACE-provided "**Supervisor Vita Form**" (Pages 19 and 20).

**DMH Intellectual and Developmental Disabilities Therapist Examination Documentation**

- DMH Intellectual and Developmental Disabilities Therapist Examination Documentation: The Division of PLACE maintains examination score reports; therefore, there is no reporting requirement for successful completion of the DMH Intellectual and Developmental Disabilities Therapist Examination. As appropriate, however, an applicant should designate in the appropriate space on the application form that he/she has successfully completed the examination requirement.

**If the CIDDT applicant is submitting an initial (not upgrade) application, the following additional CIDDT application components are also required:**

**Official Transcript**

- **If UPGRADING from PCIDDT**, no additional transcript is required.
- **If applying DIRECTLY for CIDDT (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 CIDDT, not upgrade from PCIDDT) - \$75.00**

- **If upgrading from PCIDDT**, no application fee is required.
  - Individuals who paid the application fee when applying for PCIDDT **DO NOT PAY** this fee again.
  - DO NOT pay the application fee twice; application fees are nonrefundable and nontransferable.
- **IF applying directly for CIDDT (thus skipping PCIDDT)**, 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)  
239 North Lamar Street  
1101 Robert E. Lee Building  
Jackson, MS 39201

# APPLICATION FORM for Certified Intellectual and Developmental Disabilities Therapist (CIDDT)

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

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

**Check the appropriate box:**

<input type="checkbox"/> <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 or 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>			

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

## Employment Information

6.

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

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

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

**DMH Professional Credentialing History/Information**

7.

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

**Additional Professional Credentialing History/Information**

8.

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

**Educational/Official Transcript Information**

**Directions FOR THIS SECTION ONLY:**  
 If 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.

9.

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











Applicant's Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_  
 (Please type or print) (Last 4 Digits)

**SUPERVISOR VITA FORM (Optional Supervisor Vita Form)**

**Notice:** A supervisor who claims the CIDDT "certification eligible" supervisor qualification must demonstrate that he/she meets the Education and Experience requirements for CIDDT; the supervisor's demonstration of such is accomplished through the supervisor's submission of his/her resume/vita.

**Directions:** This "Supervisor Vita Form" may be utilized by a supervisor claiming the CIDDT "certification eligible" supervisor qualification, in lieu of the supervisor's personal resume/vita. **The supervisor must include the copy of the resume/vita in the same SIGNED/SEALED envelope as the "Verification of Work Experience Form" which the supervisor completed for the applicant.**

**Personal Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 (Please type or print) (Please type or print)

<u>Mailing Address</u>	Street Address or P.O. Box:		
City, State, Zip	City:	State:	Zip:
Email Address			

**Employment Information**

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

**DMH Professional Credentialing History/Information**

Do you currently hold (or have you ever held) any <u>Mississippi Department of Mental Health (DMH) professional credential? If so, please list which DMH professional credentials you hold/held:</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO Please list any DMH professional credentials you hold/held here:
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**Educational Information**

College or University	Degree Earned <i>(e.g., M.S.)</i>	Degree Major <i>(e.g., Psychology)</i>	Date Degree Earned <i>(Month/Year)</i>	#Hours of Degree Earned

**Experience Information**

**Directions for this section:** Please document a **minimum of two (2) years of full-time work experience in the field of intellectual or developmental disabilities**. You **do not** need to document a lifetime of work experience, only enough experience to demonstrate clearly at least two (2) years of full-time equivalency work experience in the field of intellectual or developmental disabilities. **If more space is needed to document your work experience, please copy this page, as needed.**

<b>Dates of Your Work Experience (Do not use "Current")</b>	From ____/____/____ to ____/____/____ (Month/Year) (Month/Year)
Place of Employment	
Employer's Address	
Exact Title of Your Position	
Brief Description of Your Work	
<b>Dates of Your Work Experience (Do not use "Current")</b>	From ____/____/____ to ____/____/____ (Month/Year) (Month/Year)
Place of Employment	
Employer's Address	
Exact Title of Your Position	
Brief Description of Your Work	
<b>Dates of Your Work Experience (Do not use "Current")</b>	From ____/____/____ to ____/____/____ (Month/Year) (Month/Year)
Place of Employment	
Employer's Address	
Exact Title of Your Position	
Brief Description of Your Work	

