



MS DEPARTMENT OF MENTAL HEALTH WAIVER REQUEST FORM

**REVIEW *DMH OPERATIONAL STANDARDS* RULE 5.1 FOR SPECIFIC
INFORMATION REQUIRED IN A WAIVER REQUEST.**

AGENCY NAME:

DMH OPERATIONAL STANDARD NUMBER REQUESTING TO BE WAIVED:

STANDARD REQUESTING TO BE WAIVED:

PROGRAM AND SERVICE LOCATION FOR WHICH WAIVER IS BEING REQUESTED:

EXPLANATION/JUSTIFICATION FOR WAIVER BEING REQUESTED:

LENGTH OF TIME WAIVER IS BEING REQUESTED:

Executive Director Signature

Date

Official transcript(s) from an approved educational institution, as determined by DMH, must accompany any waiver request pertaining to an education requirement for which a degree from an institution of higher learning is required.

Please include any attachments necessary to justify this waiver request. This request should be sent to certification@dmh.ms.gov.