



MS DEPARTMENT OF MENTAL HEALTH WAIVER REQUEST FORM

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

The Certification Review Committee (CRC) meets on the last Wednesday of each month, although this schedule may be subject to change. To be considered at the upcoming meeting, Waiver Requests must be submitted using the appropriate form to certification@dmh.ms.gov at least seven (7) business days in advance. Requests submitted after the deadline will be reviewed at the following month's meeting.

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.