

**MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST**

MH 12 (Rev 06/15/10)

*(Please fill-in all boxes below. See reverse side for completion instructions.)*

APPLICANT'S FULL NAME (Include aliases and maiden names):					
<b>TYPE OF WAIVER REQUEST</b> <b>(Please check appropriate box)</b>					
WITHIN CALIFORNIA/NOT LICENSE ELIGIBLE PSYCHOLOGIST CANDIDATE: (5 years maximum)  <input type="checkbox"/>	OUT-OF-STATE/LICENSING-EXAM-READY: (3 years maximum)  <table style="width:100%; border: none;"> <tr> <td style="text-align: center; width: 33%;">PSYCHOLOGIST CANDIDATE <input type="checkbox"/></td> <td style="text-align: center; width: 33%;">LCSW CANDIDATE <input type="checkbox"/></td> <td style="text-align: center; width: 33%;">MFT CANDIDATE <input type="checkbox"/></td> </tr> </table>		PSYCHOLOGIST CANDIDATE <input type="checkbox"/>	LCSW CANDIDATE <input type="checkbox"/>	MFT CANDIDATE <input type="checkbox"/>
PSYCHOLOGIST CANDIDATE <input type="checkbox"/>	LCSW CANDIDATE <input type="checkbox"/>	MFT CANDIDATE <input type="checkbox"/>			
DATE OF COMPLETION OF REQUIRED COURSEWORK:	EMPLOYMENT START DATE (in the position requiring the waiver):				
REQUEST SUBMITTED BY: (SIGNATURE----MENTAL HEALTH DIRECTOR/DESIGNEE)					
PRINTED NAME:					
DATE:	COUNTY:				
<b>DO NOT COMPLETE THE FOLLOWING - FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY</b>					
DATE COMPLETE WAIVER APPLICATION RECEIVED:	DATE WAIVER BEGINS:				
COMMENTS:	DATE WAIVER ENDS:				
Approved by:					
<input type="checkbox"/> Program Administrator, Program Compliance OR  <input type="checkbox"/> Chief, Medi-Cal Oversight					
Signature:	Date:				
This waiver is granted pursuant to Welfare and Institutions Code Section 5751.2 and with the stipulation that the employer and the applicant assume responsibility for meeting all applicable statutory and regulatory requirements during the approved waiver period.					

## MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

MH 12 (Rev 06/15/10)

PROFESSIONAL LICENSING WAIVER REQUEST**Instructions for Completing This Form**

- 1) Applicant's Full Name, Include Aliases and Maiden Names: DMH staff need this information, when applicable, to track accurately the applicant's waiver history.
- 2) Type of Waiver Request: Clearly indicate the type of waiver request. To be eligible for the Out-of-State/License-Ready category, an applicant must be both license-ready and recruited from out-of-State. When submitting an application for an Out-of-State/License-Ready waiver, the MHP must submit a letter from the appropriate licensing board which states that the applicant has sufficient experience to gain admission to the licensing examination.
- 3) Employment Start Date (In the Position Requiring the Waiver): Specify the date the applicant will start employment in the position requiring a waiver.

In order for the DMH to determine if the applicant has been previously employed in a position requiring a waiver, **it is necessary to attach a copy of the applicant's post-degree employment history.** This can take the form of a current, complete resume or recent employment application.

- 4) Request Submitted By (Mental Health Director/Designee): All waiver requests must be submitted, signed and dated by the local county mental health director or the director's designee.

For additional information on the professional licensing waiver process, see DMH Letter No 10-03. .