APPLICATION FOR CERTIFICATION: MENTAL HEALTH TECHNICIAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 596 (3-2016)

Clear Fields

Type or print using black or blue ink pen (no pencil). Incomplete or indecipherable forms will not be accepted and may result in a delay in certification.

APPLICANT INFORMATION

Name of Applicant (Last, First, MI)		
Name of Agency	Agency Telephone Number	
Agency Mailing Address		
City	State	ZIP Code
Name of Immediate Supervisor	Immediate Supervisor Telephone Number	
Email Address		

PREREQUISITES (MUST BE COMPLETED WITHIN 90 DAYS FROM DATE OF APPLICATION)

Prerequisite	Date	Exception (explain)
High School Graduation or GED	Date of Graduation (MM/YYYY)	
CPR Certification	Expiration Date	
First Aid Training	Expiration Date	
Crisis Intervention/Prevention Training	Expiration Date	
Medication Module Certification	Date Completed	☐ Certification not needed for job
Child Abuse & Criminal Background Check	Date Completed	☐ Child abuse background check not applicable
HIPAA & Confidentiality Training	Date Completed	
42 CFR Part 2 Review	Date Completed	
Mental Health Technician Certification Training	Date Completed	

SIGNATURES

I acknowledge the authenticity of the information provided on this application.

Applicant Signature (your typed name will represent your signature)	Date
Supervisor Signature (your typed name will represent your signature)	Date

STATE OFFICE USE ONLY

Training Evaluation ☐ Initial ☐ Retake	☐ Pass ☐ Fail
Type of Certification Issued ☐ Provisional ☐ Full	Date Issued

APPLICATION INSTRUCTIONS

Applicant Information:

Name of Applicant: Enter Applicant's Full Name
Name of Agency: Enter the Agency's Legal Name
Agency Telephone: Enter the Agency's telephone number
Agency Address: Enter the street address of the agency
City, State, Zip Code: Enter the Agency's City, State, and Zip Code that corresponds with the street address
Name of Immediate Supervisor: Enter the first and last name of the applicant's immediate supervisor
Immediate Supervisor Telephone: Enter the telephone number of the Applicant's immediate supervisor
Email Address: Enter email address where certificate will be sent to

Prerequisites:

High School Graduate or GED: Applicants must have graduated from high school or have obtained their GED. Enter the date of graduation (month and year). If the applicant has not graduated from high school nor has a GED and would like to apply for an exception, please provide information explaining why an exception would be appropriate. Attach additional documentation, if necessary.

CPR Certification: Identify the expiration date of the Applicant's CRP certification. If there are exceptions (i.e. person is a new hire but will be certified within 30 days) please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Attach additional documentation, if needed.

First Aide Training: Identify the expiration date of the Applicant's First Aide certification. If there are exceptions (i.e. person is a new hire but will be certified within 30 days) please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Attach additional documentation, if needed.

Crisis Intervention/Prevention Training: Identify the date the Applicant was last trained. If there are exceptions (i.e. person is a new hire but will be certified within 30 days) please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Training completed more than twelve months prior to application date will not be considered. Attach additional documentation, if needed.

Medication Module Certification: Identify the date the Applicant was last certified. If there are exceptions (i.e. person is a new hire but will be certified within 30 days) please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Attach additional documentation, if needed. If certification is not required for the position, please check Not Applicable.

Child Abuse & Criminal Background Check: Identify the dates of the Applicant's background checks.. If there are exceptions please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Attach additional documentation, if needed. If the child abuse background check is not required for the position, please check Child Abuse Background Check Not Applicable.

HIPAA & Confidentiality Training: Identify the date the Applicant was last trained. If there are exceptions (i.e. person is a new hire but will be trained within 30 days) please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Training completed more than twelve months prior to application date will not be considered. Attach additional documentation, if needed.

42 CFR Part 2 Review: Identify the date the Applicant last reviewed 42 CFR Part 2. If there are exceptions please note the exception. Exceptions must be approved by the Behavioral Health Division before certification will be made. Attach additional documentation, if needed.

Mental Health Technician Certification Training: Identify the date the Applicant completed the Mental Health Technician Certification training.

Signatures:

Applicant: Applicant sign and date to acknowledge the authenticity of the information provided.
Immediate Supervisor: Immediate supervisor sign and date to acknowledge the authenticity of the information provided.

State Office Use Only:

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