

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

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Instructions For Completing This Form

Please only complete the following boxes on this form:

- 1) Applicant's Full Name, Including Aliases and Maiden Names: DHCS 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 (i.e., have accrued the number of hours of supervised professional experience required to sit for the licensing examination) and have been 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.
- 4) 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 DHCS to determine the eligibility for Professional Licensing Waivers, it is necessary to submit the following:

- i. a copy of the applicant's complete resume that includes the current/future employer and a description of specialty mental health services to be provided; **dates of clinical/work experience shall be formatted: mm/yyyy**
- ii. a copy of the applicant's recently issued unofficial school transcript; online copies will not be accepted

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

For questions, please contact Alameda County BHCS, QA Office at QAOffice@acbhcs.org

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

(Please fill-in only the high-lighted boxes below. See reverse side for completion instructions.)

1. APPLICANT'S FULL NAME (Include aliases and maiden names):		
2. TYPE OF WAIVER REQUEST (Please check appropriate box)		
WITHIN CALIFORNIA/NOT LICENSE ELIGIBLE PSYCHOLOGIST: (5-year waiver maximum) <input type="checkbox"/>	OUT-OF-STATE/LICENSING-EXAMINATION-READY: (3-year waiver maximum) PSYCHOLOGIST LCSW LMFT LPCC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
3. DATE OF DEGREE OR DATE ALL DEGREE REQUIREMENTS MET: <i>To be completed by QA</i>	4. EMPLOYMENT/INTERNSHIP START DATE (in the position requiring the waiver):	
5. ATTACHMENTS: i. CV updated with current employer and a description of speciality mental health services to be provided ii. A copy of a recently issued unofficial school transcript; online copies will not be accepted		
6. REQUEST SUBMITTED BY: (SIGNATURE) Alameda County Clinical Staff ONLY		
SIGNATURE:	PRINTED NAME:	
7. DATE:	8. COUNTY: Alameda	
9. MHP CONTACT FOR QUESTIONS & ADDRESS FOR RETURN LICENSING WAIVER REQUEST: Tiffany Lynch ACBHCS QA Department 2000 Embarcadero Cove, Ste 400 Oakland, CA 94606		
FOR STATE DEPARTMENT OF HEALTH CARE SERVICES, MENTAL HEALTH SERVICES DIVISION USE ONLY. DO NOT COMPLETE BELOW		
9. DATE COMPLETE WAIVER APPLICATION RECEIVED:	10. DATE WAIVER BEGINS	
11. COMMENTS	12. DATE WAIVER ENDS	
Approved By:	Title:	Date:
Signature:		
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.		