

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

MH 12 (Rev 11/03)

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

APPLICANT'S FULL NAME, (Include aliases and maiden names):	
TYPE OF WAIVER REQUEST (Please check appropriate box)	
PSYCHOLOGIST: (5 years maximum) <input type="checkbox"/>	OUT-OF-STATE/LICENSE READY: (3 years maximum) PSYCHOLOGIST LCSW MFT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DATE OF DEGREE OR DATE ALL DEGREE REQUIREMENTS MET:	EMPLOYMENT START DATE (in the position requiring the waiver):
REQUEST SUBMITTED BY: (SIGNATURE-MENTAL HEALTH DIRECTOR/DESIGNEE)	
DATE:	COUNTY:

DO NOT COMPLETE THE FOLLOWING - FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY

DATE WAIVER EXPIRES:	DATE COMPLETE WAIVER APPLICATION RECEIVED:
COMMENTS: (if denied, reason for denial)	
Approved by: <input type="checkbox"/> Frank Salmon, Chief Medi-Cal Oversight-North/ Cathy Bishop, Designee <input type="checkbox"/> Tom Burke, LCSW, Chief Medi-Cal Oversight-South/ Kathy Schramm, Ph.D. Designee	
Signature of Chief/Designee:	Date:

This waiver is effective the date a complete waiver application was received in the Medi-Cal Oversight regional office or the date of employment, whichever is later. It is not retroactive to the date of hire.

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.

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PROFESSIONAL LICENSING WAIVER REQUESTInstructions for completing this form:

- 1) Applicant's Full Name, Include Aliases and Maiden Names: DMH staff need this information, when applicable, to accurately track the applicant's waiver history. At the option of the county, a waiver granted in one county is valid in another county for the life of the waiver. Rather than requesting a new waiver, when applicable, a county can obtain a copy of the previous waiver.
- 2) Type of Waiver Request: Clearly indicate the type of waiver request. The applicant will receive the maximum waiver period, unless requested otherwise by the county—five years Psychologists who are gaining experience for licensure or three years for individuals who were recruited from outside of California. (To be eligible for the Out-of-State/License-ready category, an applicant must be both license-ready and recruited from out-of-state.)
- 3) Date of Degree or Date all Degree Requirements Were Met: Attach a copy of the applicant's degree or a letter from the applicant's alma mater specifying the date the applicant met all the requirements for the doctorate degree. This is important in determining the commencement of the waiver period. A waiver cannot be granted prior to the degree date or the date the applicant met all the requirements for the doctorate degree.
- 4) Employment Start Date (In the Position Requiring the Waiver): Specify the date the applicant started or will start employment in the position requiring a waiver. The waiver time period (three or five years) will commence on this date unless the applicant had been previously employed in a local mental health program (county or contract) in a position that required a license. If the applicant has been so previously employed, the waiver time period will commence on the date of the previous employment.

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. In addition, the DMH will check for a previously issued waiver.

While the waiver period commences as explained above, the waiver is not effective until a complete waiver application is received in the Medi-Cal Oversight regional office or the date of employment, whichever is later.

Normally, the maximum period of time for a waiver is either three or five years, whichever is applicable. However, the Department will consider a request for an additional period of time when documentation supports the presence of extenuating circumstances that have resulted in a significant amount of time away from work.

- 5) Request Submitted by (Local Mental Health Director/Designee Signature, County and Date): 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. 02-09.