

**MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST**

*(Please fill-in all boxes below. See page three for completion instructions.)*

<b>1. APPLICANT'S FULL NAME</b> (Include aliases and maiden names):
<b>2. TYPE OF WAIVER REQUEST</b> (Please check appropriate box):
<input type="checkbox"/> WITHIN CALIFORNIA/NOT LICENSE ELIGIBLE PSYCHOLOGIST: (5-year waiver maximum)
<input type="checkbox"/> OUT-OF-STATE/LICENSING-EXAMINATION-READY: (3-year waiver maximum)
<input type="checkbox"/> PSYCHOLOGIST
<input type="checkbox"/> LCSW
<input type="checkbox"/> LMFT
<input type="checkbox"/> LPCC
<b>3. DATE OF DEGREE OR DATE ALL DEGREE REQUIREMENTS MET:</b>
<b>4. EMPLOYMENT/INTERNSHIP START DATE</b> (in the position requiring the waiver):
<b>5. REQUEST SUBMITTED BY:</b> (SIGNATURE----MENTAL HEALTH DIRECTOR/DESIGNEE)
<b>SIGNATURE:</b>
<b>PRINTED NAME:</b>
<b>6. DATE:</b>
<b>7. COUNTY:</b>
<b>8. MHP CONTACT FOR QUESTIONS &amp; ADDRESS FOR RETURN LICENSING WAIVER REQUEST:</b>
FOR STATE DEPARTMENT OF HEALTH CARE SERVICES, MENTAL HEALTH SERVICES DIVISION USE ONLY. DO NOT COMPLETE BELOW.
<b>9. DATA COMPLETE WAIVER APPLICATION RECEIVED:</b>
<b>10. DATE WAIVER BEGINS:</b>

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<b>11. COMMENTS:</b>
<b>12. DATE WAIVER ENDS:</b>

Approved By:  Signature:	Title:	Date:
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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****MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST****Instructions For Completing 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.
- 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 DHCS 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.

- 5) 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.