

San Mateo County Behavioral Health and Recovery Services

NOTICE OF PROFESSIONAL RESPONSIBILITY

TO MAINTAIN CURRENT CLINICAL LICENSE

(Attachment A, BHRS Policy 98-16; Attachment B, BHRS Policy 99-04)

Name _____ BHRS Work Site _____

I am employed as a

- Licensed Clinical Social Worker
- Licensed Marriage Family Therapist
- Licensed Medical Doctor
- Licensed Nurse Practitioner
- Licensed Registered Nurse
- Licensed Occupational Therapist
- Licensed Pharmacist
- Registered Marriage Family Therapist Intern
- Registered Social Work Intern
- Waivered Candidate for licensure as a psychologist

Date of Initial Registration/Waiver _____

I have reviewed the applicable BHRS Policy and its attachments.

- BHRS Policy 99-04 - Waiver/Registration in Lieu of License
- BHRS Policy 98-16 - Credentialing and Recredentialing for County Licensed Professional Staff

I understand this policy and agree to maintain my licensure/registration/waiver status.

Signature _____ Date _____

Supervisor Signature _____ Date _____

Original to Personnel File

Copy to Staff Member