

**MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST**

MH 12 (Rev 01/08)

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

APPLICANT'S FULL NAME (Include aliases and maiden names):	
<b>TYPE OF WAIVER REQUEST</b> (Please check appropriate box)	
WITHIN CALIFORNIA/NOT LICENSE ELIGIBLE PSYCHOLOGIST: (5 years maximum)  <input type="checkbox"/>	OUT-OF-STATE/LICENSING-EXAM-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)	
PRINTED NAME:	
DATE:	COUNTY:
<b>DO NOT COMPLETE THE FOLLOWING - FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY</b>	
DATE COMPLETE WAIVER APPLICATION RECEIVED:	DATE WAIVER BEGINS:
COMMENTS:	DATE WAIVER ENDS:
Approved by:  <input type="checkbox"/> Program Administrator, Program Compliance    OR  <input type="checkbox"/> Chief, Medi-Cal Oversight—North	
Signature:	Date:
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 REQUEST**Instructions for Completing This Form**

- 1) Applicant's Full Name, Include Aliases and Maiden Names: DMH staff need this information, when applicable, to track accurately 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 may obtain a copy of the previous waiver.
- 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 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 post-baccalaureate institution specifying the date the applicant met all the requirements for the degree. This is important in determining the commencement of the waiver period. For psychologists accruing hours to make them eligible to sit for the licensing examination, a waiver cannot be granted prior to the date on which the degree was awarded or the date on which the applicant met all the requirements for the doctoral 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.

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.

- 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. 02-09.