



Shasta County
Health and Human Services Agency
Mental Health Branch

MENTAL HEALTH REHABILITATION SPECIALIST APPLICATION

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, have the following education and experience required to qualify for the designation of Mental Health Rehabilitation Specialist (MHRS). I meet at least one of the indicated options below:

- Option 1: Master's Degree or PhD **and** two years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- Option 2: Bachelor's Degree **and** four (4) years of full-time/equivalent (FTE) direct care experience in a mental health setting.
- Option 3: Associate Arts Degree **and** six (6) years full-time/equivalent (FTE) direct care experience in a mental health setting. At least two of the six years must be post AA degree experience in a mental health setting.

Attached is my resume and college degree, which qualifies me for this registration/credentialing.

FTE Experience may be in a mental health setting as a specialist in the fields of:

- ✦ Physical Restoration ✦ Psychology
- ✦ Social Adjustment ✦ Vocational Adjustment

Applicant: _____ Date: _____
(Signature)

I have retained a copy of proof of education and experience for our on-site credentialing file. This file is available for review by Quality Management Services at anytime.

Agency Representative: _____ Date: _____
(Signature)

Approved by Quality Management: _____ Title: _____
(Signature)

Date: _____