



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Substance Abuse and Mental Health

**APPLICATION FOR
 MENTAL HEALTH SCREENER
 TRAINING AND CREDENTIAL EXAM**

RETURN FORM TO: DTCC - Terry Campus
 100 Campus Drive - Corporate Training Center 405
 Dover, DE 19904 Fax:302-857-1450

Training Location Desired: New Castle Dover

Application Date: _____
 Year Month Day

Applicant's Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip _____

Daytime Telephone Number _____ Email Address _____

Educational Level: BA /BS/BSN MA /MS/MSN/MSW PhD / PsyD MD/DO AMA-Accred. PA Program
 Advance Practice Nurse-Psychiatry Certification

I hold a Delaware Professional license **not** under any disciplinary sanction: No Yes

DE Professional License Number _____

- MD/DO (Psychiatry) MD/DO (Emergency Med.) Other MD/DO (Specialty _____)
 Psychologist Clinical Social Worker Professional Counselor Mental Health Marriage and Family Therapy
 Advanced Practice Nurse (Psychiatry) RN (BSN or MSN)

The following categories of licensed and unlicensed individuals in the employ of the State of Delaware or its contracted providers must submit identifying information for the psychiatrist who actively supervises their work.

- RN (2-yr. degree)
 Associate Professional Counselor Mental Health Marriage and Family Therapy
 Unlicensed MH professional (specify) _____

Please identify your supervising psychiatrist as mandated by law (H.B. 311):

Psychiatrist's Name _____ DE License # _____ Employer _____

Applicant's Employer _____

Employer's Street Address _____ City _____ State _____ Zip _____

Applicant's Position _____ Length of Employment (Years and Months) _____

Describe position's responsibilities:

- Please attach:** 1) your professional resumé (indicating education, professional certifications, employment).
 2) separate list clearly indicating clinical and psychiatric crisis experience in years and months (5 years required).

I declare that the information provided in this application is true and complete to the best of my knowledge.

Applicant's Signature _____ Date _____