

MONTANA DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)  
BEHAVIORAL HEALTH AND DEVELOPMENTAL DISABILITIES DIVISION (BHDD)

**APPLICATION FOR CERTIFICATION AS A  
MENTAL HEALTH PROFESSIONAL PERSON (MHPP)**

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**PART IV – ENDORSEMENT**

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APPLICANT NAME: Click or tap here to enter text.

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The Certification Committee requires that an applicant for MHPP certification obtain an endorsement from a current MHPP who supervises or has supervised the applicant's clinical work. The endorsing MHPP must complete this form and return it directly to the Certification Committee.

**Endorser's Information**

Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Professional Title: Click or tap here to enter text.

MT License #: Click or tap here to enter text.

MHPP Certificate # (if applicable): Click or tap here to enter text.

Expiration Date: Click or tap to enter a date.

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1. Does the applicant understand what is required by state law (53-21-162, MCA) in terms of timeliness, content, and review requirements of treatment plans established for patients in an inpatient mental health facility?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

2. Does the applicant understand the rights of persons admitted to mental health facilities as stated in 53-21-142 through 53-21-148, MCA?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

3. Does the applicant understand the rights that may be restricted for treatment reasons and the role of the certified MHPP in making these restrictions?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

4. Does the applicant understand the conditions under which restraint or seclusion may be used in a mental health facility and the procedure of ordering and monitoring restraint and seclusion?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

## MHPP Certification Application, Part IV cont.

**Name of Applicant:** Click or tap here to enter text.

5. Does the applicant understand the requirements of the MHPP certification and the role they play in the commitment process that is within the scope their professional license?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

6. Does the applicant understand the involuntary commitment procedures and the role of the MHPP versus the certified MHPP in these procedures?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

7. Does the applicant understand the MHPP's role in emergency detention of persons suspected of being severely mentally ill and at risk for harm to self or others?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

8. Does the applicant understand the procedure for discharge or conditional release of an individual from a mental health facility?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

9. Does the applicant understand the procedure under which a conditional release may be extended?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

10. Does the applicant understand the procedures for ordering the readmission of a conditionally released individual?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

11. Does the applicant understand the differences in the scope of practice from a noncertified MHPP (physician) versus the certified MHPP (LCSW/LCPC) that results in the duties and responsibilities being different?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

12. Please briefly explain how you assessed the applicant's knowledge in the above areas.

Click or tap here to enter text.

13. In your opinion, does this applicant have a complete understanding of the duties and responsibilities of a MHPP?

☐ Yes ☐ No ☐ Not Sure

Briefly explain: Click or tap here to enter text.

## MHPP Certification Application, Part IV cont.

**Name of Applicant:** Click or tap here to enter text.

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I certify that the responses I have given to the above questions represent my best and most complete knowledge regarding the applicant's qualification to be a certified MHPP. I understand the important responsibilities that Montana law gives to the certified MHPP which includes evaluating persons with severe mental illness for possible commitment and institutionalization, providing expert testimony at commitments hearings, and other duties and responsibilities listed in ARM 37.91.402. Therefore, I endorse this applicant for certification as a MHPP.

**Print Name and Title:** Click or tap here to enter text.      **Date:** Click or tap to enter a date.

**Signature:** Click or tap here to enter text.

**Return this form and all supporting documents to:**

**MHPP Certification Committee**  
**Behavioral Health and Developmental Disabilities Division (BHDD)**  
**PO Box 202905**  
**Helena, MT 59620-2905**  
**Fax: 406-444-7391 or -9389**  
**Email to [Jen.coen@mt.gov](mailto:Jen.coen@mt.gov)**