

**PROFESSIONAL LICENSING WAIVER REQUEST  
NORTHERN REGION**

MH12 (New 12/02)

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

<b>(1) APPLICANT'S Name</b>					
<b>(2) TYPE OF WAIVER REQUEST</b> (Please specify)		<b>PSYCHOLOGIST</b> (Maximum—5 years)	<b>OUT-OF-STATE/LICENSE READY</b> (Maximum—3 years)		
			PSYCHOLOGIST <input type="checkbox"/>	LCSW <input type="checkbox"/>	MFT <input type="checkbox"/>
<b>(3) DATE OF DEGREE OR DATE ALL DEGREE REQUIREMENTS MET</b> (Please specify)					
<b>(4) EMPLOYMENT START DATE</b> (in the position requiring the waiver)					
<b>(5) REQUEST SUBMITTED BY</b>			<b>SIGNATURE-MENTAL HEALTH DIRECTOR/DESIGNEE</b>		
<b>DATE</b>			<b>COUNTY</b>		

**(FOR STATE DEPARTMENT OF MENTAL HEALTH USE ONLY)**

<b>DATE COMPLETE WAIVER APPLICATION RECEIVED:</b>	
<b>DATE WAIVER EXPIRES:</b>	
<b>COMMENTS</b> (if denied, reason for denial)	
<b>APPROVED BY:</b>	<b>DATE:</b>
<b>FRANK SALMON, CHIEF</b>	
<b>DESIGNEE: CATHY BISHOP</b>	
<b>MEDI-CAL OVERSIGHT-NORTHERN REGION</b>	
<b>STATE DEPARTMENT OF MENTAL HEALTH</b>	

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.

**STATE DEPARTMENT OF MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST**

MH12 (New 12/02)

**STATE DEPARTMENT OF MENTAL HEALTH  
PROFESSIONAL LICENSING WAIVER REQUEST***Instructions for completing this form:*

- 1) *Provide the applicant's full name, including any aliases.* DMH staff need this information, when applicable, to accurately track the applicant's waiver history. At the option of the employing 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 can obtain a copy of the previous waiver.
- 2) *Clearly indicate the type of waiver request.* The applicant will receive the maximum waiver period--five years or three years--unless requested otherwise by the county. (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) *Attach a copy of the applicant's degree or a letter from the applicant's alma mater specifying the date the applicant met all the requirements for the doctorate degree.* This is important in determining the commencement of the waiver period. A waiver cannot be granted prior to the degree date or the date the applicant met all the requirements for the doctorate degree.
- 4) *Specify the date the applicant started or will start employment in the position requiring a waiver.* The waiver period will commence on this date unless the applicant has been previously employed in a local mental health program (county or contract) anywhere in the state of California in a position that required a license.

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 employment application.

(Normally, the maximum period of time for a waiver is either three or five years, whichever is applicable. However, the Department will entertain a request for an additional period of time when documentation supports the presence of extenuating circumstances for medical reasons, e.g., serious illness, maternity leave that have resulted in a significant amount of time away from work.)

- 5) *All waiver requests are to be submitted by the county and signed by the local mental health director or the director's designee.* Please provide the DMH with the name of your county's designee(s).

For additional information on the professional licensing waiver process, see DMH Letter No. 02-09.