



Sacramento County
Department of Health Services
Division of Behavioral Health Services

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, according to Title 9, Chapter 3, Article 8, Section 630.. 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 4 years of full-time/equivalent (FTE) direct care experience in a mental health setting.
Option 3: Associate Arts Degree and six 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 position.

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

- \* Physical Restoration \* Psychology
\* Social Adjustment \* Vocational Adjustment

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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 any time.

Agency Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Approval: BHS Quality Management \_\_\_\_\_ Date \_\_\_\_\_