SACRAMENTO COUNTY

2026

5150 Certification Training Application/Registration

Trainings are 12:30pm-5:00pm

TARGET AUDIENCE: 5150 Certification Training is designed to certify or re-certify a mental health professional authorized by the Behavioral Health Director, within County approved agencies or designated facilities.

5150 Designee Qualifications:

Minimum qualifications for 5150 Designation:

A. Licensed Physician/Psychiatrist
B. Licensed Psychologist
C. Licensed Clinical Social Worker
D. Licensed Marriage Family Therapist
E. Licensed Professional Clinical Counselor
F. Licensed Registered Nurse
G. Licensed Vocational Nurse
H. Licensed Psychiatric Technician

Special Permissions Needed:

I. **Mental Health Rehabilitation Specialist (MHRS), as defined by Title 9 California Code of Regulations and **Approved by the Mental Health Plan** – **Letter of Exception** required and **Consultation** (see blue box above)

J. ****Staff waived by the Mental Health Plan** to provide services as a Licensed Practitioner of the Healing Arts (not a category at Designated Facilities) – **In consultation with a Licensed Designee (A - E)**

K. **Authorized Medical Residents**

UNLICENSED STAFF-who are **not registered with the BBS
A Letter of Exception is required on agency letterhead and approved **PRIOR** to attending a training.

****ALL** UNLICENSED STAFF-**regardless of BBS registration**
Provide the name of the Licensed Designee (A-E) who will be in consultation with the MHRS or Unlicensed Designee.

Consulting Designee _____

License Classification & Number _____

***Pre-requisite to 5150 Certification: Read in full**

It is the position of BHS that an involuntary 5150 hold should only be used as a last resort. In keeping with this position additional training and supervision should be provided by the agency or designated facilities to ensure every effort has been made to remedy the crisis and all criteria have been met prior to writing the application.

De-escalation training and crisis intervention trainings should be provided to designees and **proof of completion via attestation** for this question **must be answered below**.

I attest to having completed these trainings within my agency prior to 5150 Certification ☐ Yes ☐No

Are you **currently** on the Designee list? ◯YES ◯NO Agency(ies) _____

Were you previously on the Designee List? ◯YES ◯NO Agency(ies) _____

APPLICATION / REGISTRATION (to be submitted 2 business days prior to training date-no exceptions)

Print Name_____Classification _____License Number _____

Name of Agency(ies)_____ (currently working at)

Agency Address_____City_____Zip _____

Email **(to be used for training materials)**_____ Phone _____

Location: Trainings in RED will be held in person. All others will be held virtually.

◯ **January 6, 2026** ◯ **May 5, 2026** ◯ **September 1, 2026**

◯ **March 3, 2026** ◯ **July 7, 2026** ◯ **November 3, 2026**

Site Coordinators only: Email form to QM5150@saccounty.gov or Fax to 916-875-0877