



2024

# 5150 Certification Training Application / Registration

**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.

**CEU's (3.75 hrs.)** are available at no cost for LMFT, LPCC, and LCSW

## 5150 Designee Qualifications:

The minimum qualifications to become a 5150 Designee include these disciplines:

- 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
- I. Mental Health Rehabilitation Specialist, as defined by Title 9 California Code of Regulations and approved by the Mental Health Plan – **In consultation with a Licensed Clinician (A – E) See directions 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 Clinician (A - E)
- K. Authorized Medical Residents

Circle the letter indicating the license of the staff who is consulting with **MHRS** Designee below and include the name of that licensed staff on the line below.

X \_\_\_\_\_

## APPLICATION / REGISTRATION

Print Name \_\_\_\_\_ License Type/Classification \_\_\_\_\_ License Number \_\_\_\_\_

Name of Agency \_\_\_\_\_ (only County approved agencies or designated facilities)

Agency Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email (to be used for training materials) \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*Additional Training Requirements: I attest to having completed these trainings within my agency  Y  N**

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 has 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 on the Registration/ Application form must be submitted to Quality Management.

Are you **currently** on the Designee list?  YES  NO **NOT** on the List: New Designee?  YES  NO

With what agency? \_\_\_\_\_

What is your Certification Expiration Date? \_\_\_\_\_ Did your Certification Expire?  YES  NO

## Trainings are 1:00-5:00pm

**LOCATIONS:** Dates in **RED** will be held **in person**. All other dates will be conducted **virtually**

**January 9, 2024**      **May 7, 2024**      **September 3, 2024**

**March 5, 2024**      **July 2, 2024**      **November 5, 2024**

Please Email form to [QM5150@sacounty.gov](mailto:QM5150@sacounty.gov) or Fax to 916-875-0877

Registration is accepted no later than the **Thursday** prior to the training. **Late registrations will not be accepted.**