

**VERMONT DEPARTMENT OF MENTAL HEALTH**  
**Commissioner Designation as a Physician/APRN Who Can Complete the**  
**Physician's Certificate (First Certification)**

Provider Name:

Hospital Affiliation:

Provider License Number:

NPI Number:

Mailing Address:

Telephone Number:

Email:

Specialty:

Board Certified:

Expiration:

Do you have any actions taken against you by the Vermont Board of Medical Practice/Office of Professional Regulation?  
(If yes, describe on a separate page.)

**EMERGENCY EXAM TRAINING COMPLETION**

QMHP classroom training provided by Vermont Department of Mental Health

**Location:**

**Date Attended:**

Online training (A completed quiz must be attached to this application form.)

**Date of Completion:**

Mock First Certification (Must be attached to this application form.)

I certify that the information provided is true and accurate. I agree to send the Vermont Department of Mental Health any changes to the above information as soon as possible. I acknowledge that as part of this designation the Department will check the Vermont Board of Medical Practice/Office of Professional Regulation's website to confirm the information above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**HOSPITAL/DOC MEDICAL STAFF ENDORSEMENT**

is in good standing at (hospital name or DOC)

and has no disciplinary action(s) from the medical staff organization.

This hospital/DOC endorses this employee to complete physician certifications.

Chief of Medical Staff/Health Services Administrator (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Instructions:**

1. Please complete this application form after attending the QMHP classroom training or completing the online training module for Physicians/APRNs Completing Physician Certifications on the Vermont Department of Mental Health's website.
2. Attach quiz answers and mock First Certification to your application for designation as a physician/APRN who can complete the Physician's Certificate (First Certification).
3. Send both to: DMH Commissioner's Office, 280 State Drive, NOB 2 North, Waterbury, VT 05671-2010