

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