

**APPLICATION FOR DMH COMMISSIONER-DESIGNATED  
QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)**

APPLICANT NAME:

REQUESTING AGENCY:

**THE FOLLOWING ITEMS MUST BE COMPLETED:**

1. Length of time applicant employed by agency:
2. Position title:
3. Position description (if not full time, number of hours applicant works each week):

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4. Date began crisis intervention training: \_\_\_\_\_
5. Describe crisis experience, supervision and time spent: \_\_\_\_\_

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6. Number of Emergency Examinations observed: \_\_\_\_\_
7. Number of Emergency Examination applications reviewed: \_\_\_\_\_
8. Identify training provided to verify applicant's knowledge of community resources:

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9. If applicant does not meet guidelines, please provide rationale for exemption:

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10. Additional information/comments: \_\_\_\_\_

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**ATTACHMENTS**

- A) Statement of endorsement authored and signed by the agency's Executive Director
- B) Current copy of applicant's resume
- C) Copy of employee contract (if applicable)
- D) Qualified Mental Health Professional Certification Form (see below)

CLINICAL SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_  
Signature

EMERGENCY SERVICES  
DIRECTOR/COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_  
Signature

**VERMONT DEPARTMENT OF  
MENTAL HEALTH**

**QUALIFIED MENTAL HEALTH PROFESSIONAL  
CERTIFICATION FORM**

This is to certify that I, \_\_\_\_\_, an  
employee of \_\_\_\_\_, have  
read the 'QMHP Guide for Involuntary Psychiatric Evaluations and Hospitalizations' and  
related statutes, and am familiar with state law and procedures for screening admissions to  
mental health facilities in the State of Vermont. By signing below, I also acknowledge my  
understanding that one of the responsibilities of a Qualified Mental Health Professional  
will include testifying in court, and I agree to appear in court when requested by the  
Department Mental Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date