

Application for Recertification as a Certified Preadmission Screening Clinician

Please complete this fillable form, print and provide requested signatures. Once signed, please scan and send to preadmissionscreening@dbhds.virginia.gov

Name of Applicant:

Name if changed since last certification cycle:

Email Address of Applicant:

CSB Submitting Application:

Date of Hire as Prescreener:

Other CSBs where Applicant works as a Prescreener and Initial date(s) of hire:

Date of recertification request:

Has applicant become licensed during certification cycle?

If yes, which license:

Has applicant started supervision for licensure during this certification cycle?

If yes, which license:

Has applicant completed a degree program during this certification cycle?

If so, type of degree:

Applicant has met the requirements to be re-certified as attested below:

1. Has completed a minimum of 16 hours of relevant continuing education per year of certification and the documentation is available for review.
2. Has received a minimum of 12 hours of clinical supervision from a qualified supervisor per year or holds a position as a clinical supervisor.
3. Has conducted preadmission screening evaluations and been involved in the delivery of emergency / crisis interventions during this certification period.
4. Has completed any new or updated required training modules implemented during current certification cycle, if applicable.
5. If applicant is certified under provisions for retaining experienced staff who do not meet the enhanced qualifications, the applicant has been continually employed as a certified prescreening clinician since original certification at the CSB.

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By signing this document, I attest that I, as the applicant, am in compliance with the above requirements.

Applicant Signature:

Date:

By signing this document, I attest the applicant is in compliance with the above requirements:

Supervisor or Manager Signature:

Date:

Documentation that these criteria have been met must be available for review by DBHDS.

*If applicant has not met these requirements due to extenuating circumstances, they must request a variance before submitting application for re-certification. If the applicant and CSB provide DBHDS with a **Request for Variance** documenting the extenuating circumstances that prevented the individual from meeting the re-certification requirements, DBHDS will make a decision whether to allow re-certification with a variance for not fulfilling the requirements for re-certification. The individual will be required to develop a plan for meeting the requirements during the next certification cycle. The CSB will be required to also develop a plan for routine monitoring of the applicant to ensure compliance with re-certification requirements for the next certification cycle.*

Mailing information for paper certificate delivery:

To:

Address:

Signature of Executive Director: _____ Date: _____