

**Application for Certification as a Certified Preadmission Screening Clinician
(Effective July 1, 2016)**

This is a fillable form. Please complete the form, print it and provide requested signatures. Once signed, please scan and send to preadmissionscreening@dbhds.virginia.gov

Applicant Name:

Applicant's Email Address:

CSB Submitting Application:

Date of Hire as Prescreener:

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

Date of Certification Request:

Educational requirements

Applicant currently has an unencumbered license (issued the licensing body in Virginia) as a:

Licensed Professional Counselor
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Clinical Psychologist
Psychiatric Nurse Practitioner
Psychiatric Clinical Nurse Specialist
MD/DO

If applicant is not currently licensed is the applicant approved for and enrolled in supervision for a license:

Professional Counseling
Clinical Social Worker
Marriage and Family Therapist
Clinical Psychologist
Nurse Practitioner, Psychiatric
Clinical Nurse Specialist, Psychiatric
MD/DO

If applicant is not seeking licensure, does the applicant have the educational requirements and degree to become licensed if desired as a:

Licensed Professional Counselor
Licensed Clinical Social Worker
Licensed Marriage and Family Therapist
Licensed Clinical Psychologist
Psychiatric Nurse Practitioner
Psychiatric Clinical Nurse Specialist
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If the applicant meets none of the criteria listed above, is the applicant a:

Bachelors prepared nurse [BSN] with five years behavioral health related experience?

CSB is responsible for retaining educational and licensing information and must be available for review.

Experiential Requirements

DBHDS Training:

Applicant has successfully completed the training modules required for certification

by DBHDS (Documentation must be retained and available for review.):

Orientation:

Applicant has completed all orientation requirements as set forth by DBHDS (orientation checklist must be retained and available for review):

Signatures

Applicant Signature:

Date:

The following signatures attest that this individual has met all requirements and is competent to be certified:

Signature of ES Manager:

Date:

Executive Director Signature:

Date

Mailing information for certificate delivery:

To:

Address:

Office Use Only:

Date Received:

Date Certificate Issued:

Date Certificate Expires

Date Certificate Mailed:

Processed by: