



City and County of San Francisco
Office of Compliance & Privacy Affairs
Credentialing Unit

1380 Howard St., 2nd Fl.
San Francisco, CA 94103

Attestation for Non-Licensed Staff

NOTE: This form requires both staff/intern and supervisor signatures Section B & D MUST be completed by supervisor

Section A: To be completed by staff

Full Legal Name: _____ Program/Agency _____

Section B: To be completed by supervisor (Each of the boxes below represents an individual category, please do not check multiples)

☐ **Admin Staff**

☐ **For Mental Health Graduate Student Trainee** (e.g. individual participating in a field intern/trainee placement while enrolled in an accredited master's in social work (MSW), Master of Art (MA)/Master of Science (MS) Counseling, PhD/PsyD training program)
I attest that _____ (student) is a Graduate Student Trainee from
_____, an accredited higher education institution, who began interning at our agency on
_____/_____/_____ (date). Internship will expire on ____/____/_____

Mental Health Rehabilitation Specialist (MHRS) (see page 2 for full MHRS Criteria)

I attest that _____ (staff) meets one of the requirements below for an MHRS because of one of the following situations.

☐ **Option 1:** Graduate professional education in a mental health related field (who is NOT waived/registered/licensed) * See Substitution **OR**

☐ **Option 2:** Bachelor's Degree & four (4) years' experience in fields of physical restoration, social adjustment, or vocational adjustment **OR**

☐ **Option 3:** Associate Arts Degree & six (6) years' experience in an appropriate setting (2 years of the 6 years must be post AADegree) (for staff who has an AA/BA/BS, but insufficient experience, substitute up to 2 years of graduate professional education (year for year) experience)

☐ Mental Health Worker (MHW) (see page 2 for full MHW criteria)

I attest that _____ (staff) has graduated from High School or possess a GED. This staff person will be under my supervision, and I will be responsible for oversight of their work at the agency.

Section C: Signatures and Contact Information (by signing below you are attesting that all information provided is true and correct)

Employee Signature: _____ Date: _____

Section D: Signatures and Contact Information (by signing below you are attesting that all information provided is true and correct)

Supervisor Name: _____ Supervisor Signature: _____ Date: _____

Supervisor Phone: _____ Supervisor E-mail: _____

Others to be notified of Staff ID#: _____ E-mail: _____



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MENTAL HEALTH REHABILITATION SPECIALIST (MHRS) AND MENTAL HEALTH WORKERS (MHW) DEFINITIONS AND GUIDELINES

MHRS Definition and Clarifications:

CCR Title 9 §630: A mental health rehabilitation specialist shall be an individual who has a baccalaureate degree and four (4) years of experience in a mental health setting as a specialist in the fields of physical restoration, social adjustment, or vocational adjustment. Up to two (2) years of graduate professional education may be substituted for the experience requirement on a year-for-year basis; up to two (2) years of post-associate arts clinical experience may be substituted for the required educational experience in addition to the requirement of four (4) years' experience in a mental health setting.

1. **Educational Degree:** Minimum education attainment is an Associate Degree (any type).
2. **Experience:** Defined as full-time equivalent, verifiable, either paid or unpaid, primarily working with/providing services to clients:
 - a. If a staff member only has an Associate Degree, then six (6) years of experience are required.
 - i. Two (2) years of the experience MUST have been accrued after obtaining the Associate Degree.
 - b. If a staff member has a Bachelor's Degree, then four (4) years of experience are required.
3. **Substitutions:** A portion of the experience requirement can be met by substituting years of graduate professional education (defined as clinical professional education in MSW, MFT, PCC, PhD/PsyD).
 - c. Up to two (2) years of experience can be substituted for education;
 - d. The substitution of education for experience is done on a year-to-year basis

MHW Definition and Clarifications

1. **State Plan Amendment # 12-025:** An "Other Qualified Provider" is an individual at least 18 years of age with a high school diploma or equivalent degree determined to be qualified to provide the service by the County Mental Health Plan
2. **Supervision Requirements:** There must be a specific plan of supervision of the MHW's work activities by a License Practitioner of the Healing Arts (LPHA) and/or MHRS
3. **Minimum Annual Training:** There must be a specific plan of in-service training to the MHW totaling at least twenty (20) hours per year.