

**BH SUD COC Service Array
Staff Certification Exemption Request Form**

Reference: RFP HTH 440-21-1, section 2.4 B.1.a BH SUD COC Service Array Certification Levels;
Section 5, Attachment D-7, BH SUD COC Service Array Certification Exemption Request Procedures.

1. **Provider/Agency Name:** _____
2. **ASO Log Number (if applicable):** _____
3. **Contract Year (if Applicable):** _____
4. **Quarter (if applicable):** _____
5. **Exemption Request for: Staff Name:** _____
6. **Current Certifications/Credentials:** _____
7. **Highest Current Level of Education:** _____
8. **Requesting Temporary Credential Exemption For (choose one):**

PRSS CSAC* ACC CPS CCJP CCS

*Includes those with LCSW, LMFT, APRN, LMHC, Licensed Psychologist, MD

9. **Plan to provide minimum quality standards/supervision for this staff?**

10. **Projected date to complete all requirements to attain the pursued certification (include necessary coursework, training, and supervision requirements, month and year credentialing is expected to be obtained, etc.):** _____

Date submitted: _____

Name of agency staff submitting request: _____

Submit completed form to: doh.adad.treatment@doh.hawaii.gov

(To be completed by ADAD)

Date: _____

Reviewed By: _____

Approved/Denied: _____

Comments: