

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 Request Procedures.

ASO Log Number and Name:

Contract Year (if applicable):

Quarter (if applicable):

Exemption Request for (Staff Name):

Current Job Title:

(Current position must involve doing the 12-Core Function and performing as a counselor. (Examples of duties not eligible as doing clinical work would include but not limited to: House managers, administrative assistance, technicians and may not be considered appropriate as a CSAC candidate (please do not submit a CSAC application unless this is approved.

Current Certifications/Credentials of staff requesting exemption:

Highest Current Level of Education (please include subject matter):

Requesting exemption to support clients in what job capacity:

*includes those with LCSW, LMFT, APRN, LMHC, Licensed Psychologists, MD.

Plan to provide minimum quality standard supervision in the 12-Core Functions for this staff.

Provide date if application was submitted:

Date submitted this exemption:

Name of agency staff submitting request:

Title of agency staff submitting request:

Credential of agency staff submitting request:

Contact information (email and contact number) of person agency staff submitting request:

Submit complete form to: doh.adad.treatment@doh.hawaii.gov and doh.qai@doh.hawaii.gov

To be completed by ADAD:
Comments:

Date:

Approved/Denied: