



MID-VALLEY BEHAVIORAL CARE NETWORK
Credentialing for Adjunct Service Providers

PURPOSE: The purpose of this form is to document and certify that a person who provides mental health services to MVBCN members but is neither a Licensed Medical Professional nor a Qualified Mental Health Professional nor a Qualified Mental Health Associate has the education, experience, competence, and supervision adequate to permit the person to perform his/her specific assigned duties.

Use of this form to credential a person to provide mental health services applies **only to his/her services to MVBCN members**. It does not apply to services provided to members of other public or private health plans, nor does it apply to services paid for directly by the State of Oregon or any other funding source.

MVBCN participating provider agencies are required to maintain documentation of the relevant licenses, degrees, certifications, and/or qualifications in each person's personnel file. For persons who are neither LMPs nor QMHPs nor QMHAs (i.e., adjunct service providers), use of this form or equivalent fulfills this requirement.

INSTRUCTIONS: The following information must be maintained for each individual employee, intern/student, volunteer, and contractor who provides mental health services to MVBCN members if the person:

- Is not required to be licensed or certified by a State of Oregon board or licensing agency, as is the requirement for an LMP; and
- Cannot be qualified as a QMHP or a QMHA as defined in OAR Chapter 309.

Examples of persons for whom use of this form may be appropriate include: paraprofessionals; peer counselors; vocational trainers; and interns/students in a bachelor's or master's degree program.

LEGAL NAME _____ **DATE HIRED** _____

CRIMINAL BACKGROUND CHECK *Date Requested* _____ *Date Rec'd* _____

Findings _____

COMPETENCY ASSESSMENT *Job Title* _____

The assigned duties for this job are at the following level: **MARK ONE:** QMHP QMHA

Required skills	Description of the person's education, experience and competence for each skill

SUPERVISION & TRAINING PLAN

CERTIFIED BY

Supervisor's Printed Name

Supervisor's Signature

Date

ATTACH ADDITIONAL PAGES IF NECESSARY

Original:	02/12/1998	Revised:	12/01/2006			
-----------	------------	----------	------------	--	--	--