

BEHAVIORAL HEALTH PROVIDER SUPPLEMENT

ATTESTATIONS TO EDUCATION, TRAINING, CLINICAL EXPERIENCE OR LISTING.

CLINICAL PSYCHOLOGISTS (MASTER LEVEL PSYCHOLOGISTS - SEE MENTAL HEALTH COUNSELOR SECTION)

I verify that I have a Doctoral Degree in Psychology from a regionally accredited institution.

Signature

Date

I verify that I have two years of supervised clinical experience, at least one of which is post-doctoral, and at least one of which is from an organized training program.

Signature

Date

Name of Institution

City/ State

Name of Institution

City/ State

OR

I verify that I am listed in the National Registry of Health Service Providers in psychology.

Signature

Date

CLINICAL PSYCHIATRIC NURSE SPECIALIST

I verify that I have a Master's Degree in nursing with a specialization in psychiatric nursing.

Signature

Date

I verify that I have two years post-masters supervised clinical practice in psychiatric nursing with a minimum of 8 hours of direct patient contact per week.

Signature

Date

OR

I verify that I am certified in psychiatric mental health nursing by the American Nurses Association through the American Nurses Credentialing Center.

Signature

Date

Please return a copy of your certification with this packet.

BEHAVIORAL HEALTH PROVIDER SUPPLEMENT

Mental Health Counselor or Masters Level Psychologists

I verify that I am licensed or certified as a mental health counselor by the jurisdiction in which I practice. (Attach copy of license/certificate)

Signature

Date

I verify I have a Master's Degree in mental health counseling or a mental health field, from a regionally accredited institution.

Please note: This information will be verified with the institution.

Signature

Date

Per TRICARE requirement, my post Master's Degree experience included 3000 hours of clinical work and 100 hours of face to face supervision.

Signature

Date

LICENSED CLINICAL SOCIAL WORKERS

If the jurisdiction in which you practice does not license, please attach a copy of your certification as a clinical social worker from that jurisdiction or a national professional organization offering certification.

I verify that I have a Master's Degree in social work from a graduate school of social work accredited by the Council on Social Education.

Signature

Date

I verify that I have two years (3000 hours) of practice under the supervision of a licensed/certified social worker.

Signature

Date

APPLIED BEHAVIORAL ANALYST

Please attach a copy of your certification by the Behavioral Analyst Certification Board.

I verify that I have a Master's Degree with coursework in behavioral analysis.

Signature

Date

I verify that I have no less than 18 months of mentored/supervised experience who is board certified by the Behavioral Analyst Certification Board.

Signature

Date

BEHAVIORAL HEALTH PROVIDER SUPPLEMENT

MARRIAGE AND FAMILY THERAPISTS AND PASTORAL COUNSELORS

I verify that I have a Master's Degree in a behavioral science mental health discipline from a regionally accredited institution.

Signature

Date

I am licensed or certified to practice as a marriage and family therapist by the jurisdiction in which I practice.

Signature

Date

I am a full clinical member of the AAMFT.

Signature

Date

The following practice and supervision hours are a TRICARE requirement. Please sign indicating which of the required parameters your experience meets.

Option I

"Two hundred (200) hours of approved supervision in the practice of marriage and family counseling (pastoral counseling), ordinarily to be completed in a 2 or 3 year period, of which at least 100 hours must be under individual supervision (this supervision shall occur preferably with more than one supervisor and should include a continuous process of supervision with at least three cases); **and** 1000 hours of clinical experience in the practice of marriage and family counseling (pastoral counseling) under approved supervision, involving at least 50 different cases."

Signature

Date

Option II

"One hundred fifty (150) hours of approved supervision in the practice of psychotherapy, ordinarily to be completed in a 2 to 3 year period, of which at least 50 hours must be under individual supervision; **plus** at least 50 hours of approved individual supervision in the practice of marriage and family counseling (pastoral counseling) ordinarily to be completed within a period of not less than 1 nor more than 2 years; **and** 750 hours of clinical experience in the practice of psychotherapy, under supervision involving at least 30 cases; **plus** at least 250 hours of clinical practice in marriage and family counseling under approved supervision, involving at least 20 cases."

Signature

Date