

**WAIVER REQUEST
MENTAL HEALTH PROFESSIONAL**

Authority: WAC 388-865-0120

DATE:

*Please attach supporting documentation to this request at the time of submission.
Documentation may include but is not limited to transcripts, training courses, curriculum vitae
and copies of degrees and certificates.*

The following is a request to waive minimum standards for mental health professional (MHP) as defined in WAC 388-865-0150:

“Mental health professional” means:

1. A psychiatrist, psychologist, psychiatric nurse or social worker as defined in Chapters 71.05 and 71.34 RCW;
2. A person with a master’s degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such a person shall have, in addition, at least two years of experience in direct treatment of persons with mental illness or emotional disturbance, such experience gained under the supervision of a mental health professional;
3. A person who meets the waiver criteria of RCW 71.24.260, which was granted prior to 1986;
4. A person who had an approved waiver to perform the duties of a mental health professional that was requested by the Regional Support Network and granted by the Mental Health Division prior to July 1, 2001; or
5. A person who has been granted a time-limited exception of the minimum requirements of a mental health professional by the Mental Health Division consistent with WAC 388-865-0265.

This application must be completed in full and submitted by a Regional Support Network, PIHP, service provider or applicant.

Name of entity making request:

Address:

Phone Number:

Applicant: (Person on whose behalf the request is being submitted):

Section or subsection to be waived: WAC 388-865-0150

Reason why the waiver is necessary:

OR

Method that will be used to meet the desired outcome of the section or subsection in a more effective and efficient manner:

How will results/outcomes of this improved method be tested to ensure that the intent of the section or subsection is met?

Please use the following space to describe the qualifications of the person for whom the waiver is being sought, justification for the waiver and the *plan and timetable to achieve compliance* with the minimum standard; and to implement, test and report results of an improved way to meet the intent of the section or subsection.

Please use the space below to describe any recommendation from the quality review team or Ombuds staff and a description of how consumers will be notified of changes made as a result of this waiver. Please write in "N/A" if this section does not apply.

RSN statement of support:

I recommend approval of this waiver request for (Name of Applicant):

Signature of RSN Representative

Date Signed

NOTES:

1. In no case will the Mental Health Division write a waiver of minimum standards for more than the time period of the entity's current license and/or certification.
2. Waivers may be renewed.
3. The mental health division does not waive any requirement that is part of statute.