



DCR INITIAL APPLICATION REQUEST

Employee Name: _____ FT PT On-Call

Date of Hire: _____ Date of Request: _____

ATTACH PRIMARY SOURCE VERIFICATION DOCUMENTATION (copies)	
1. <input type="checkbox"/> MHP/CDP Qualifying Licenses	4. <input type="checkbox"/> MHP Acknowledgement, if not licensed
2. <input type="checkbox"/> DSHS Criminal Background Check	5. <input type="checkbox"/> MHS Acknowledgement, if applicable
3. <input type="checkbox"/> OIG Exclusion Check	
If documentation for number 1 and/or 4 are not included, please attach copies of the applicants:	
1. <input type="checkbox"/> Resume	
2. <input type="checkbox"/> Degree(s) / Transcript(s)	

EXPERIENCE AND TRAINING CHECKLIST

To be credentialed as a DCR for Greater Columbia Behavioral Health ASO, the employee must be fully trained on the most current version of the Health Care Authority's Designated Mental Health Professional Protocols, Designated Crisis Responder Training, and demonstrate knowledge, training, and experience in all the following areas (*for full credential all must be checked and/or initialed by Clinical Director*):

- _____ Legal requirements of RCW 71.05; 71.34; 70.96B; 10.77 and WAC 388-865-0526
- _____ Psychopathology and psychopharmacology.
- _____ Knowledge of individual and family dynamics, life span development, psychotherapy and family crisis intervention.
- _____ Crisis intervention and assessment of risk, including suicide risk assessment, assessment of danger to others, and homicide suicide risk.
- _____ Assessment of grave disability, health and safety, cognitive and volitional functions.
- _____ Age and cultural competence with special populations: Substance use disorders, co-occurring disorders, developmental disabilities, ethnic minorities, children and adolescents, geriatric, and sexual minorities.
- _____ Training in adolescents mental health issues, the mental health civil commitment laws, the criteria for civil commitment, and the systems of care for minors.
- _____ Knowledge of local/regional behavioral health treatment resources.
- _____ Professional ethics and knowledge of consumers' and Medicaid Enrollees' legal rights.
- _____ Petition writing: factors, elements, and content.
- _____ DCR Protocols and a working knowledge of: clinical/legal/forensic procedures and documentation related to DCR functions.
- _____ Designated Crisis Responder Training (is completed or attest will be completed within 3 months of designation).

CERTIFICATION AND SIGNATURE

By signature of this request form, I attest that the required source documentation has been obtained through primary source verification, and that no documentation supporting this request has been falsified or tampered with in any way and is true and correct.

Clinical Director Printed Name

Signature

Date