DELAWARE HEALTH AND SOCIAL SERVICES

Division of Substance Abuse and Mental Health

APPLICATION FOR
MENTAL HEALTH SCREENER
Re-Credentialing

Please Update the Following Information:

Application Date: _____ Year _____ Month _____ Day

_____ _____ _____
Applicant's Last Name First Name M.I.

_____ _____ _____ _____
Street Address City State Zip

_____ _____
Daytime Telephone Number Email Address

Educational Level: ☐ BA /BS/BSN ☐ MA /MS/MSN/MSW ☐ PhD / PsyD ☐ MD/DO ☐ AMA-Accred. PA Program
☐ Advance Practice Nurse-Psychiatry Certification

I hold a Delaware Professional license ***not*** under any disciplinary sanction: ☐ No ☐ Yes

_____
DE Professional License Number

☐ MD/DO (Psychiatry) ☐ MD/DO (Emergency Med.) ☐ Other MD/DO (Specialty_____)
☐ Psychologist ☐ Clinical Social Worker Professional Counselor ☐ *Mental Health* ☐ *Marriage and Family Therapy*
☐ Advanced Practice Nurse (Psychiatry) ☐ RN (BSN or MSN)

The following categories of licensed and unlicensed individuals in the employ of the State of Delaware or its contracted providers must submit identifying information for the psychiatrist who actively supervises their work.

☐ RN (2-yr. degree)
Associate Professional Counselor ☐ Mental Health ☐ Marriage and Family Therapy
☐ Unlicensed MH professional (specify) _____

Please identify your supervising psychiatrist as mandated by law (H.B. 311):

_____ _____ _____
Psychiatrist's Name DE License # Employer

_____
Applicant's Employer

_____ _____ _____ _____
Employer's Street Address City State Zip

_____ _____ _____
Applicant's Position Length of Employment (Years and Months)

Describe position's responsibilities:

_____

I declare that the information provided in this application is true and complete to the best of my knowledge.

_____ _____
Applicant's Signature Date

**** This application for renewal shall require the submission of applicable CEU's, as well as such other credentials or proof of continuing licensure, credentials or certification as may be necessary to meet the requirements set forth to be re-credentialed. ****