



Oregon Mental Health Associates
 291 West 12th Street
 Eugene, OR 97401

Dear Provider,

OMHA welcomes to our panel the participation of Washington MFTs who have specialties in mental health intervention. We ask that you complete this screening form regarding your mental health intervention training and mail it back to Oregon Mental Health Associates. This form will be reviewed by our Credentialing Committee. The Credentialing Committee meets during the first week of each month. If you have the necessary training in mental health intervention, we will then send you an application packet to be part of the Oregon Mental Health Associates, Inc. panel.

OMHA charges a \$25.00 non-refundable fee for reviewing each prescreening application. Please include a \$25.00 check, made out to OMHA (291 West 12th Street, Eugene, OR 97401) with your prescreening application.

Thank-you!

Applicant name: _____ Business Phone: _____
 Office address: _____

Mailing address (if different): _____

Please list graduate training, type of degree granted, institution, and date:

Please list all supervised, direct service practice hours in field placement sites during your graduate program, populations that you served, and modality (individual, group, couples, family, hotline) used (use back of page if necessary):

For WA MFTs: At the time of program completion, was your graduate training program accredited by COAMFTE? Yes _____ No _____

Please include verification of COAMFTE accreditation with this form.

If you answered “No” to the accreditation question, (or your institution’s COAMFTE accreditation was other than Community Counseling or Mental Health Counseling) we require that you complete the table on the following page, listing coursework covering the following domains. Please attach documentation (such as transcripts, course descriptions, CE certificates) of the coursework listed on the following page. **Coursework without documentation and course descriptions will not be considered.**

Please note: If your program was not COMFTE accredited, this table must be completed and accompanied by a transcript (an unofficial transcript is acceptable) and course descriptions.

Clinical Domain	Course Title(s)	Course number(s)	Clock hours	Educational Institution or Continuing Education presenter and credential(s)
Assessment, including clinical interview, mental status exam, personality assess (e.g., MMPI II, BDI II)				
Diagnosis (including DSM-IV diagnosis. We require 3 credit hour class from your graduate program or 30 hours CE training)				
Counseling Theories				
Treatment of mental and emotional disorders				
Diversity (ethnic, gender, sexual orientation)				
Substance Abuse/Addictions				
Ethics				
Oregon laws pertaining to counseling and assessment				

Please check if you have had coursework or training in the following:

Chronic Pain Disability issues Psychopharmacology

I certify that the above statements are true, and accurately reflect my education and training.

Applicant signature _____ Date _____