

## COMMUNITY BOARD APPLICATION Ohio Department of Mental Health

New Application   
 Renewal Application   
 Community MH Board   
 Community Board of Alcohol, Drug Addiction, & MH Services

Name (last, first, middle)		Address (street, city, state, county, zip)	
Home Telephone No.	Employer	Employer's Address	
Business Telephone No.	Occupation	Preferred Mailing Address <input type="checkbox"/> Home <input type="checkbox"/> Business	
Education			
Type	Name and City of School	Year Graduated	Degree
High School			
College			
Other			
Other			
Employment History			
Name, City, & State of Employer (start with most recent employment; list last 10 years only)		Dates	Position Held
Community Affiliations (past or present)			
_____			
_____			
_____			
Why are you interested in serving as a member of a community board?			
_____			
_____			
_____			
Are you providing representation as a consumer or family member (ORC 340.02)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, indicate which one: <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member			

I wish to apply for membership on the Board. I am not a member of the Board or employee of any agency with which the Board has a contract for services or facilities (or will resign from agency Board or employment if appointed to Board). My spouse, child, parent, brother, sister, grandchild, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, or sister-in-law does not serve as a member of a Board of any agency with which the Board has a contract for services or facilities OR does not serve as a County Commissioner of a county or counties in the Alcohol, Drug Addiction, & Mental Health Service district. If appointed, I understand and agree that all information contained in his application and information pertaining to my race and gender can be made public.

Signature	Date
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Previous Service as a Community Board Member		
From	To	Board Name

(If renewal applicant) I certify I am in compliance with the Ohio Department of Mental Health Board Member Training Policy.

Signature	Date
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### For Board and Department Use Only

Recommended for Appointment By	<input type="checkbox"/> New Term <input type="checkbox"/> Fill Unexpired Term of _____		
Application <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> No Action	Application <input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> No Action		
Chairperson of Board	Department of Mental Health Director		
Appointed to Board of	Term Begins	Term Ends	

**Mental Health Professional DEFINITIONS:**

1. An individual who qualifies as a "Psychiatrist" as defined in Division (E) of Section 5122.01 of the Revised Code.
2. An individual who qualifies as a "Licensed Psychologist" as defined in Division (F) of Section 4732.01 of the Revised Code.
3. An Individual who has had at least two years of clinical experience with emotionally disturbed persons under the supervision of a mental health professional, such experience occurring after the completion of a Master's Degree or Doctoral Degree, or both, and who possesses one of the following sets of credentials:
  - (a) A Master's or Doctoral Degree, or both, in Psychiatric Nursing from an accredited university plus a license as a Registered Nurse issued pursuant to Section 4723.13 or 4723.14 of the Revised Code.
  - (b) A Master's or Doctoral Degree, or both, in Social Work from a university accredited by the Council on Social Work Education.
4. An individual who has had at least two years of clinical experience with emotionally disturbed persons under the supervision of a mental health professional, such experience occurring after the completion of a Master's Degree or Doctoral Degree, or both, and who possesses one of the following set of credentials.
  - (a) A Master's or Doctoral Degree, or both, in Psychology from an accredited university, provided that nothing in this Rule shall be construed to exempt an individual who qualifies under this sub-paragraph from complying with the statutory and administrative rule provisions governing the practice of psychology in this state;
  - (b) A Master's or Doctoral Degree, or both, in Counseling and Guidance from an accredited university;
  - (c) A Master's or Doctoral Degree, or both, in Pastoral Counseling from an accredited university;
  - (d) A Master's or Doctoral Degree, or both, in Rehabilitation Counseling from an accredited university.

Additional information required for psychiatrist/physician/mental health professional.

Please "X" One <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Physician	State of Ohio License No.	Date Expires
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Please "X" One <input type="checkbox"/> Social Worker <input type="checkbox"/> Nurse <input type="checkbox"/> An Individual as Specified in 4 (a), (b), (c), or (d) Above		
Highest Degree Level in Speciality	State of Ohio License No	Date Expires

Clinical Experience with Emotionally Disturbed Individuals		
Work Locations	Type of Duties	Years

Supervision by a Mental Health Professional			
Position of Applicant	Years Involved	Name of Supervisor	Supervisor Degree