



SAMPLE

DOCUMENTATION OF NON-LICENSED MENTAL HEALTH CLINICAL STAFF PERSON'S TRAINING IN ASSESSMENT OF SUICIDE RISK

I HEREBY ATTEST THAT, _____ A NON-LICENSED MENTAL HEALTH CLINICAL STAFF PERSON CONDUCTING ASSESSMENTS OF SUICIDE RISK AND FOLLOW-UP ASSESSMENTS OF SUICIDE RISK, HAS RECEIVED AT LEAST 20 HOURS TRAINING AND SUPERVISED EXPERIENCE IN ASSESSING SUICIDE RISK, MENTAL HEALTH CRISIS INTERVENTION AND EMERGENCY MENTAL HEALTH SERVICES. THE NON-LICENSED MENTAL HEALTH CLINICAL STAFF PERSON'S TRAINING INCLUDED ADMINISTRATION OF AT LEAST FIVE ASSESSMENTS OF SUICIDE RISK OR CRISIS ASSESSMENTS CONDUCTED ON-SITE IN THE PHYSICAL PRESENCE OF A LICENSED MENTAL HEALTH PROFESSIONAL. _____, THE NON-LICENSED MENTAL HEALTH CLINICAL STAFF PERSON'S TRAINING AND SUPERVISED EXPERIENCE WAS PROVIDED BY, _____, A LICENSED MENTAL HEALTH PROFESSIONAL.

The Five Supervised Assessments Identified by DJJID #'s are:

- 1.
- 2.
- 3.
- 4.
- 5.

_____ Licensed Mental Health Professional's Signature and License Number	_____ Date
_____ Printed Name of Licensed Mental Health Professional	
_____ Non-Licensed Mental Health Clinical Staff Person's Signature	_____ Date
_____ Printed Name of Non-Licensed Licensed Mental Health Clinical Staff Person	