



Louisiana Certification Registry for Healthcare Ancillary Professionals, Inc.

P.O. Box 7111

Metairie, LA 70010

Office: (504) 390-8940 ; Fax (504) 407-3777

APPLICATION

Mental Health Technician & Specialist Certification Registry

Date _____

Last Name _____ **First Name** _____ **Middle Initial** _____

Mailing Address _____

Contact Phone Number _____

Email Address _____

Employer _____

Current CPI Certification: ___ Yes ___ No; **Date of Expiration:** _____

Current CPR Certification: ___ Yes ___ No; **Date of Expiration:** _____

Type of certification you are applying for:

Certified Mental Health Technician _____

Must have worked as a Mental Health Technician for two years or more, and current in CPI & CPR Certification.

Certified Mental Health Specialist _____

Must have achieved a Bachelor's Degree in one of the following curriculums, and have worked as a Mental Health Technician for three or more years, and current with CPI & CPR Certification:

Social Work, Psychology, Sociology, Behavioral Sciences, and/or Counseling

Have you ever had a professional license and/or certification revoked ___ Yes ___ No

If Yes, Please Explain: _____

Initial Application Fee:

Certified Mental Health Technician = \$50.00

Certified Mental Health Specialist = \$100.00 (Must mail a copy of your Degree with Application)

YOU MUST SUBMIT THE FOLLOWING WITH THIS FULLY COMPLETED, AND SIGNED

APPLICATION: Copy of your CPI & CPR Cards, College Degree (If Applicable), and a check or money order with the appropriate application fee made payable to:

JAJ Health Care Education Consultants, L.L.C.

Signature of Applicant _____