



# 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.

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