



Managed Mental Health Care Organization for Coos, Curry, Douglas, Jackson, Josephine, and Klamath Counties
900 SE 8th Street, Suite 100, Grants Pass, Oregon 97526 • Phone: 541-955-9565 • Fax: 541-955-8290

JBH ADJUNCT (STUDENT/INTERN) CREDENTIALING APPLICATION

IDENTIFYING INFORMATION

Name: _____

Agency Name: _____

Job Title: _____

CRIMINAL AND CHILD ABUSE BACKGROUND CHECKS

Criminal Background Check

Date Requested: _____

Date Received: _____

Child Abuse Background Check

Date Requested: _____

Date Received: _____

Attach any findings to this application.

COMPETENCY ASSESSMENT/SUPERVISION/TRAINING PLAN

I certify that the above-named adjunct service provider acting in a QMHA or QMHP capacity, meets the relevant competencies related to the skills, training and experience to satisfy the position. A Supervision and Training Plan is attached.

Supervisor

Date