

Recovery Manager Education Requirement Waiver Request

Name of Agency:		Date:	
Agency Address:			
Recovery Management Entity Administrator:		Area Code and Phone No.:	
Email:			
Is your agency in a rural area, as defined in the All Texas Access Report ? (page A-3) <input type="radio"/> Yes <input type="radio"/> No			
If yes, list area: <input style="width: 100%;" type="text"/>			
Name of Employee Requesting Waiver:	Undergraduate Degree: <input type="radio"/> Yes <input type="radio"/> No	Major:	Minor:
Master's Degree: <input type="radio"/> Yes <input type="radio"/> No	Field of Study:		
Does the employee have at least two years of experience working with persons with severe mental illness? <input type="radio"/> Yes <input type="radio"/> No			
If yes, how many years? <input style="width: 150px;" type="text"/>			
Briefly list the employee's relevant experience and knowledge of issues affecting people with severe mental illness and community-based interventions and resources for this population:			
Will the employee be supervised or have access to a licensed supervisor for case consults? <input type="radio"/> Yes <input type="radio"/> No			
If yes, what is the certification or licensure of the supervisor? <input style="width: 100%;" type="text"/>			
If yes, is the supervisor within the recovery management entity or an outside party? <input style="width: 100%;" type="text"/>			
If no, provide an overview of the anticipated supervision plan for the recovery manager: <input style="width: 100%;" type="text"/>			
What will be the structure of the supervision? (Examples: as needed, regular check in): <input style="width: 100%;" type="text"/>			
Other certifications (Licensed Chemical Dependency Counselor, Peer Specialist, etc.): <input style="width: 100%; height: 40px;" type="text"/>			

<p>Required documents to include with request:</p> <p><input type="checkbox"/> Current resume of employee</p> <p><input type="checkbox"/> Copy of degree transcripts of employee</p> <p><input type="checkbox"/> Letter of endorsement (<i>demonstrates knowledge of issues related to working with persons with serious mental illness</i>)</p>
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Email this completed form, in addition to the required documents, to: HCBS-AMH-RM-IRP-PA@hhs.texas.gov