

## Recovery Manager Education Requirement Waiver Request

Agency Name:		Date:	
Agency Address:			
Recovery Management Entity Administrator:		Area Code and Phone No.:	
Email:			
Is your agency in a rural area, as defined on Page A-3 of <a href="#">All Texas Access Report</a> ? <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:
Current Master's Degree: <input type="radio"/> Yes <input type="radio"/> No	Field of Study:		
Will the employee requesting the waiver get a master's degree in a human services or related field within one year from the date of this request? <input type="radio"/> Yes <input type="radio"/> No			
Does the employee have at least two years of experience working with people 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:			
<div style="border: 1px solid black;"></div>			
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? For example, as needed or regular check in: <input style="width: 100%;" type="text"/>			
Other certifications such as licensed chemical dependency counselor and peer specialist: <input style="width: 100%;" type="text"/>			

Required employee documents to include:
<input type="checkbox"/> with request: Current resume
<input type="checkbox"/> Copy of degree transcripts

**Email this completed form and all required documents to: [HCBS-AMH-RM-IRP-PA@hhs.texas.gov](mailto:HCBS-AMH-RM-IRP-PA@hhs.texas.gov)**