



Behavioral Health Sciences Institute

Education, Training and Employment Documentation

To be completed by Human Resources or other Agency Designee and submitted to BHSI with the BHP Module 1-Video Documentation Form or the SB-BHP Training Documentation Form

ALL FIELDS ARE REQUIRED.

Please do not submit with blank spaces or unsigned

Please note this form can also be completed online. Please see <http://www.bhsi.net/sbbehaviorialhealthprofessional.php> for more information

Name of Employee: _____

Last 4 of SSN or School ID #: _____ Date of Birth: _____

School/District: _____ Date of Hire as SB-BHP _____

School Location: _____

Please write in the following information.
Please be sure to maintain this information in Personnel Files for Verification

- BA/BS or MASTERS DEGREE (MaineCare Sections 65HCT or 28RCS)
- >90 College Credits (MaineCare Section 65-DT)
- HIGH SCHOOL/GED or AS/AA DEGREE (MaineCare Section 28 RCS)

College /High School Name: _____

Degree Awarded or # of Credits Earned _____

Major: _____

Graduation Date: _____

Please note that the signature below signifies that all information provided to BHSI is correct and has been authenticated by the Human Resources department.

School/Agency Designee Signature Date

School/Agency Designee & Title (please print)

BHSI USE ONLY	
Date Rec'd:	DB Entry Status:
Prov. Cert Issued	Prov. Expiration Date
_____ BHSI Signature	