Qualified Mental Health Professional Registration and Training Instructions

Registration Instructions

Step 1

To start the training, visit https://dss.sd.gov/qmhp/Default.aspx

Step 2

Click "Register Here"

WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING

County Board of Mental Illness Member Training

Qualified Mental Health Professional Registration

Login or Register Here

Step 3

Fill out your contact information and ensure that all information is accurate as we will use the contact information to get ahold of you as needed.

Please remember this password, as this is what you will use to log in to take your test.

REGISTER US	ER
□ I am a County B	oard of Mental Illness Member
Contact Inform	ation
Email	
First Name	
Last Name	
Day Phone	
Evening Phone	
Physical Addres Address 1 Address 2 City State Zip Code	SS
Separate mailir	ng address 🗆
Verification Code Password Confirm Password	Csh7a (case sensitive)
Continue Cancel	

Confirm your personal information by clicking "Register".

REGISTRATION CONFIRMATION

Name Email	
Day Phone	
Evening Phone	~ ~
Physical Address	
Mailing Address	
Register	

Step 5

Upon clicking "Register", you will be directed to login and will receive an email from <u>DSSQMHP@state.sd.us</u> notifying you that your account has been activated. Login with the password you just created.

Step 6

Under "MY TRAINING" the most current training available will be displayed. Click "Register".

MY TRAINING			
My Training My Account My Address Change Password	Available Training	Qualified Mental Health Professional Training 2021	Register

Step 7

Fill out the following information that describes your qualifications to be a QMHP. Please ensure that you click the **applicable** licensing options that applies for you.

If you do not feel you fit in to one of these options, please reach out to the Division of Behavioral Health at <u>DSSBHQMHP@state.sd.us</u>

TRAINING REGISTRATION

Please check the box that applies to you:

C A psychologist who is licensed to practice psychology in South Dakota.

- An advanced practice nurse with at least a master's degree from an accredited education program and either two years or one thousand hours of clinical experience including mental health evaluation and treatment.
- A certified social worker with a master's degree from an accredited training program and two years of supervised clinical experience in a mental health setting.
- A person who has a master's degree in psychology from an accredited program and two years of supervised clinical mental health experience and who meets the provision of subdivision <u>36-27A-2(2)</u>.
- A counselor who is certified under chapter <u>36-32</u> as a licensed professional counselor and has two years of supervised clinical experience in a mental health setting and who is employed by the state of South Dakota or a mental health center.
- \square A counselor who is certified under chapter $\underline{36\text{-}32}$ as a licensed professional counselor-mental health.
- □ A counselor who is certified under chapter 36-32 as a marriage and family therapist with two years of supervised clinical experience in a mental health setting.

A physician assistant who is licensed under chapter <u>36-4A</u> and either two years or one thousands hours of clinical experience that includes mental health evaluation and treatment.

If you work for the federal government and are currently licensed in a profession in another state AND in good standing with the licensing boards, and action with the scope of your professional license, please click both boxes that apply.

	(8), inclusive, who is employed by the federal government and currently licensed in that profession in another state, and acting within the scope of the professional's license.
Federal Agency State of Licensure	

Step 8

Upon clicking the appropriate licensing box, you will need to **explain your experience** and/or supervision.

Please explain supervised clinical experience and schooling	

Step 9

Verify the following information.

- □ I verify that I meet the requirements of <u>SDCL 27A-1-3</u>.
- □ I verify that my licensure is in good standing with the licensing board.
- □ I verify that I am acting within the scope of my professional licensure.

Step 10

Type your first and last name to sign and insert the date to verify that the above is true and accurate to the best of your knowledge.

By signing this document, I verify that all th	e above is true and accurate to the best of my knowledge.
	mm/dd/yyyy
Signature	Date

Step 11

Click "Continue".

Review all personal information. If correct, please **print this page** and send to the Division of Behavioral Health with your licensure and check/money order.

Registration is not complete until you print the verification form.

TRAINING REG	SISTRATION CONFIRMATION
User	
Training	
Occupation	
Description	
	Testing
	I verify that I meet the requirements of <u>SDCL 27A-1-3</u> .
	I verify that my licensure is in good standing with the licensing board.
	I verify that I am acting within the scope of my professional licensure.
By signing this docu	ment, I verify that all the above is true and accurate to the best of my knowledge.
	2
Next Steps: 1. "Print" out this page	lē.
2. Click "Register" an	d finish the registration process.
	egistration, you will receive a confirmation email. opy of the registration page, licensure, and check/money order to Division of Behavioral Health.
	val may take up to 5-7 business days upon receipt of your registration page, licensure, and check/money order.
Register Edit Pri	Cancel

Step 13

Upon completion of printing the registration page, you will now be able to click "Register".

 Next Steps: "Print" out this page. Click "Register" and finish the registration process. Upon successful registration, you will receive a confirmation email. Please mail in a copy of the registration page, licensure, and check/money order to Division of Behavioral Health. Registration approval may take up to 5-7 business days upon receipt of your registration page, licensure, and check/money order.
Register Edit Print Cancel

Upon clicking "Register", you will receive a confirmation email outlining instructions for submitting your required items to the Division of Behavioral Health.

Send the following to the address below

- A photocopy of your relevant professional license
- \$15.00 nonrefundable fee by check and/or money order made out to the SD Division of Behavioral Health
- A copy of the signed registration page printout

Department of Social Services Division of Behavioral Health Attn: QMHP 3900 West Technology Circle, Suite 1 Sioux Falls, SD 57106

Step 15

Upon receipt of all the required documentations to the Division of Behavioral Health and meeting all licensure requirements, you will be approved to complete the training. Upon approval, you will receive an email notification to start the training. **Training must be completed within 30 days of initiating the training or it will be deemed as a failed attempt.**

Training Instructions

Step 1

To begin training, visit https://dss.sd.gov/qmhp/Default.aspx

WELCOME TO DIVISION OF BEHAVIORAL HEALTH TRAINING

County Board of Mental Illness Member Training

Qualified Mental Health Professional Registration

Login or Register Here

Step 2

Enter email and password. Click login.

LOGIN		
Email Password	Login	Forgot Password?

Click "My Training" on the left-hand side of the page.

MY TRAINING
<u>My Training</u> <u>My Account</u> <u>My Address</u> <u>Change Password</u>

Step 4

You will be directed to a page to start the training. Click the "Start" button at the top next to the "Available Training".

MY TRAINING									
<u>My Training</u> <u>My Account</u>	Available Training Qualified Mental H	Health Pro	fessional Trair	ing 2021 <mark>s</mark>	tart				
<u>My Address</u> <u>Change Password</u>	Training	<u>Start</u> <u>Date</u>	<u>Date</u> <u>Completed</u>	<u>Completed</u> <u>By</u>	<u>Modules</u> <u>Completed</u>	<u>Status(%)</u>	Certificate	Expiration Date	<u>Renewal</u> <u>Date</u>
	Qualified Mental Health Professional Training 2021				0 / 13	Not Started			
						•			

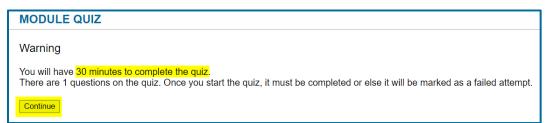
Step 5

Select the first module to begin training. Training modules must be completed in the order they are listed.

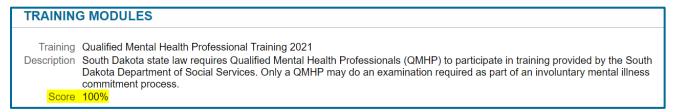
*Please note there are 13 modules. You are not able to skip modules.

Training Qualified Mental Health Professional Training 2021 Description South Dakota state law requires Qualified Mental Health Professionals (QMHP) to participate in tra Social Services. Only a QMHP may do an examination required as part of an involuntary mental ill Score 100%	
Module Name	Module Status
QMHP Introduction 2021	New
QMHP Voluntary Admission of Adults 2021	New
QMHP Voluntary Admission of Minors 2021	New
QMHP Involuntary Commitment of Adults 2021	New
QMHP Involuntary Commitment of Minors 2021	New
QMHP Petition for Commitment 2021	New
County Board of Mental Illness 2021	New
QMHP Examination 2021	New
Involuntary Commitment Hearing and the County Board of Mental Illness 2021	New
Involuntary and Voluntary Status Change 2021	New
Co-Occurring Commitments 2021	New
Outpatient Commitment Orders and Treatment Orders 2021	New
Human Services Center (HSC) Medical Capacity and Problems that Masquerade as Psychiatric Illnesses 202'	New

You will have questions at the end of each module. <u>Please answer all questions or you</u> <u>will be marked as a failed attempt</u>. You have 30 minutes to answer the questions at the end of <u>each</u> module.



If you answer a question correctly, your score displayed on the "Training Modules" page will increase. Each time you answer a question wrong, your score will drop. Please note you need **above 75% to pass.**



Please note under "Module Status", upon completion of a module, it will say "Completed" and you can move on to the next module. You *cannot* go back to a past module.

Module Name	Module Status
QMHP Introduction 2021	Completed
QMHP Voluntary Admission of Adults 2021	New
QMHP Voluntary Admission of Minors 2021	New

Upon completion of training, your score will appear and your certificate will autopopulate. **Please note your expiration date and eligibility for renewal date.** To print your certificate, please click "Certificate".

<u>Training</u>	<u>Start</u> <u>Date</u>	<u>Date</u> <u>Completed</u>	<u>Completed</u> <u>By</u>	<u>Modules</u> <u>Completed</u>	<u>Status(%)</u>	Certificate	Expiration Date	<u>Renewal</u> <u>Date</u>
Qualified Mental Health Professional Training 2021	(L. 19)-			13 / 13	Passed	<u>Certificate</u>		CT_7)