LOS ANGELES COUNTY– DEPARTMENT OF MENTAL HEALTH

OFFICE OF ADMINISTRATIVE OPERATIONS

WORKFORCE DEVELOPMENT DIVISION

MHSA - WORKFORCE DEVELOPMENT DIVISION

LICENSURE PREPARATION PROGRAM
CALIFORNIA PSYCHOLOGY LAW AND ETHICS EXAMINATION

The Workforce Development Division (WDD) has a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA), WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (LAC DMH-operated and LAC DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS CPLEE COMBO PACKAGE INCLUDES:

- 1 Comprehensive Study Volumes
- TestMASTER: 3 full-length online practice exams with 3 months access time
- Expert Phone Consultation: one-on-one assistance available with exam experts
- 2-Day Webinar or 1-Day workshop: 7 hours of instruction covering exam content strategies

MHSA WET Participant Price: $100 (Retail Value: $600)

Visit www.aatbs.com for more details about the package.

CPLEE Workshop Date and Location

Date: Saturday, October 13, 2018
Time: 10:00 am – 2:00 pm
Location: Online

APPLICATION DEADLINE: Wednesday, October 10, 2018, or when capacity is reached. Space is limited.

Attendance to the Workshop is MANDATORY for all MHSA-WET Participants
The mandatory workshop is to be taken on his/her own time

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- Must have completed the required supervision hours
- **APPROVED BY THE LICENSING BOARD AND RECEIVED THEIR ELIGIBILITY NOTICE TO TAKE THE LICENSURE EXAMINATION**
- Has not previously participated in the MHSA WET-funded LPP for the CPSE/CPLEE; this package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the CPSE/CPLEE
- The majority of work assignment is allocated to providing direct services in public mental health

INSTRUCTIONS:

1. **Scroll down** for the application form, which must be completed, scanned and emailed to jkim@dmh.lacounty.gov ***along with documentation (i.e. eligibility letter or web print out) indicating board approval to take the exam.*** Applications will be accepted until **Wednesday, October 10, 2018**, or when capacity is reached.
2. An e-mail confirming receipt of application will be sent to all applicants.
3. Upon approval, participants will be given a phone number to register and pay the non-refundable fee of $100 by VISA, MasterCard or American Express to AATBS.
4. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

All applications are reviewed. Submission of application does not guarantee approval.

CONTACT: Mr. Jae Kim, LCSW, E-mail: jkim@dmh.lacounty.gov

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WELLNESS • RECOVERY • RESILIENCE

CALIFORNIA PSYCHOLOGY LAW AND ETHICS EXAMINATION

Print or Type Only

TITLE: LPP California Psychology Law and Ethics Examination	**DATE(S): Saturday, October 13, 2018**
FIRST NAME:	**LAST NAME:**
JOB TITLE:	**DISCIPLINE:** / **ETHNICITY:** *(optional)*
AGENCY:	**PROGRAM:**
MAILING ADDRESS FOR STUDY PACKAGE:	
CITY: / **STATE:** / **ZIP:**	
PHONE #:	**WORK E-MAIL:** *(required for information)*
LANGUAGE(S) FLUENCY: *(other than English)*	**PROVIDER # (Reporting Unit #):** *(LAC DMH Contracted Providers)*

Service area of employment: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐

Have you previously taken the CPSE/CPLEE? Yes ☐ No ☐

Is your license-waivered agreement with your employer expiring within 12 months? Yes ☐ No ☐

_____
Name of Applicant (Print)

Meets the following eligibility criteria to participate in the LPP:

- Currently in good standing with his/her employer with no disciplinary action in the last 12 months;
- Successfully completed the required supervision hours;
- Has been approved by the board to take the CPLEE.
- Has not previously participated in the MHSA WET-funded LPP for the CPSE/CPLEE

Supervisor's Name _____ Supervisor's Signature _____ Date _____

Supervisor's Phone Number _____ Supervisor's E-mail _____

_____
Name of Applicant (Print)

Agrees to the following terms and conditions:

- Attend the mandatory workshop and participate in all offerings of the program.
- The mandatory workshop is to be taken on his/her own time.
- Provide the WET Division with exam results and employment/promotional status information.

☐ **I have attached documentation indicating board approval to sit for the CPLEE.**

Applicant's Signature _____ Date _____

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of $100 by VISA, MasterCard or American Express.

Return Application to: **Mr. Jae Kim, LCSW, WET Training Coordinator**
Fax: (213) 252-8776 *(No cover sheet necessary)*
E-mail: jkim@dmh.lacounty.gov