



**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
LANTERMAN-PETRIS-SHORT (LPS) ACT
INITIAL AND RENEWAL AUTHORIZATION APPLICATION**

(Please Print or Type)

TO BE COMPLETED BY CANDIDATE'S SUPERVISOR (Failure to complete all items may result in the application not being processed.)

Training ID (found on upper right corner of the bulletin page) initial only		Date of requested training (initial only)	
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Work Location Change From:	Training or testing date previously completed (if applicable)	
<input type="checkbox"/> Renewal Application			
County Employee Number (non-county employees supply the last four digits of the SSN)			
Candidate's Name		Job Title	
<input type="checkbox"/> Resident Facility Staff	<input type="checkbox"/> Professional Staff with Admitting Privileges	<input type="checkbox"/> Professional Staff without Admitting Privileges	<input type="checkbox"/> County/DMH or Contracted Facility Staff
Name of Agency, Program, or Hospital			
Work Address		City	Zip Code
Work Telephone	Fax	E-mail	
List all other current facilities at which LPS Authorized (if applicable)			
Number of years experience as a licensed MH professional			
Start Date with LACDMH (County/Contracted)		Have you completed your initial probationary period with LACDMH (County/Contracted)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current job description of candidate which requires that he/she be authorized (please check one):			
<u>On-Site</u>		<u>Mobile</u>	
<input type="checkbox"/> County Clinic/County Contracted Clinic Employee		<input type="checkbox"/> Hospital Employee	
<input type="checkbox"/> LPS Designated Facility (inpatient) Employee		<input type="checkbox"/> County Clinic/County Contracted Clinic Employee	
<input type="checkbox"/> LPS Designated Facility (inpatient) MD			
<u>Field Based Services</u>			
<input type="checkbox"/> FSP Adult <input type="checkbox"/> FSP Children <input type="checkbox"/> FSP TAY <input type="checkbox"/> FSP Older Adult <input type="checkbox"/> FCCS Older Adult <input type="checkbox"/> Other _____			
Credential	<input type="checkbox"/> LPT <input type="checkbox"/> LMFT <input type="checkbox"/> LCSW <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> LVN (clinics only)		
	<input type="checkbox"/> PhD/PsyD <input type="checkbox"/> MD/DO <input type="checkbox"/> Unlicensed Resident <input type="checkbox"/> Other		
License No.		License Expiration Date	
I attest that all statements made in the application are true and correct.			
Signature of Applicant: _____		Professional clinically in charge of Designated Facility or Agency <i>(If applicant is clinically in charge then immediate supervisor must sign.)</i>	
Date _____		Print Name _____	
		Signature _____ Date _____	
Office Use Only: This section to be completed after training and examination.			
Test Score:	Pass:	Fail:	Test Date:
			Designation Expiration:
DMH Regional Medical Director (Signature):			Date:
<p>RETURN <u>INITIAL LPS TRAINING APPLICATION</u> to: Los Angeles County Department of Mental Health Training and Quality Improvement Divisions 695 S. Vermont Avenue, 15th Floor, Los Angeles, CA 90005 Phone No. (213) 251-6854 Fax No. (213) 252-8776</p> <p>Note: The initial LPS Training Application should be submitted at least one month prior to selected scheduled training date.</p>			
RETURN <u>RENEWAL APPLICATION & WORK LOCATION CHANGE for (Hospital/Facility Staff)</u> to: Los Angeles County Department of Mental Health Patient's Rights Office 550 S. Vermont Avenue, 6 th Floor, Rm. 604, Los Angeles, CA 90020 Phone No. (213) 738-2524 Fax No. (213) 365-2481		RETURN <u>RENEWAL APPLICATION & WORK LOCATION CHANGE for (Directly Operated and Contracted Staff)</u> to: Los Angeles County Department of Mental Health Office of the Medical Director 550 S. Vermont Avenue, 10 th Floor, Los Angeles, CA 90020 Attention: LPS Coordinator	
Submit this form as an application for LPS training, renewal authorization and change of work location. Form must be completed for each facility at which individual desires authorization. The application will be forwarded to the Medical Director's Office for final LPS authorization, once training has been completed and test score added.			

