

## LMH Employment or Internship Verification Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Parts A. through F. are to be completed by the applicant. This page must be signed and dated by the applicant's Direct Supervisor or an Authorized Administrative Officer who can verify the applicant's information and hours.**

A. **Employment or Volunteer Facility/Agency:** \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Employment County: \_\_\_\_\_

B. **Applicant speaks the following language(s) needed in this work setting:** \_\_\_\_\_

C. **Applicants start date:** \_\_\_\_\_

D. **Applicant's profession:** \_\_\_\_\_

E. **Applicant's primary responsibilities or job functions:** \_\_\_\_\_

F. **Total weekly work or internship hours providing direct patient care:** \_\_\_\_\_ hours  
(must be at least 32 hours per week)

**Name of Supervisor or Authorized Administrative Officer:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I am the supervisor or authorized administrative officer at this facility/agency and that the facility/agency will pay the applicant (if in a paid capacity) prevailing wages and that I agree not to use the Program's award of educational loan repayments as a means to reduce the recipient's salary or offset those salaries (e.g., deduction of funds from paychecks, etc.). Descriptions of the types of qualified facilities are listed on the Health Professions Education Foundation's website at [www.healthprofessions.ca.gov](http://www.healthprofessions.ca.gov). **I verify that the information provided on this page of the LMH application is true and accurate to the best of my knowledge.**

**Please check all that apply to your agency:**

- Mental Health Professional Shortage Area
- A publicly funded facility
- A publicly funded or public mental health facility
- A non-profit private mental health facility

**Direct Supervisor or Authorized Administrative Officer SIGNATURE and DATE REQUIRED!**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_