



# Mental Health & Addiction Certification Board of Oregon

## QMHA Worksheet

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NON-BACHELOR'S QUALIFICATION

FULL NAME AS SHOWN ON YOUR ID

EMAIL ADDRESS

### Start here

3 YEARS OF COMBINED QUALIFICATIONS

QMHA registration requires a bachelor's degree in behavioral health or a combination of three years of relevant education and occupational experience. Use this worksheet to document the combination pathway.

Type your entries, save the PDF, and submit it through Certemy. Download and open this form in a PDF reader that supports calculations. MHACBO staff verify all submissions.

- 1** **Work experience** PAGE 2  
List employers, supervisors, dates, and actual hours worked.
- 2** **College education** PAGE 3  
Enter behavioral health credits and choose quarter or semester.
- 3** **Other training** PAGE 4  
List workshops, CEUs, seminars, and other training hours.
- 4** **Check & submit** PAGES 5-6  
Use pages 5-6 for examples; attach transcripts and certificates.

#### MHACBO REVIEW SUMMARY

Calculated automatically from pages 2-4.

| QUALIFICATION CATEGORY                              | CALCULATED YEARS |
|-----------------------------------------------------|------------------|
| Relevant work experience                            | 0.000            |
| College education, including eligible other credits | 0.000            |
| Behavioral health training / CEUs                   | 0.000            |
| Total calculated years                              | 0.000            |

The calculated total is a summary for review. MHACBO verifies your documentation and determines whether your experience and education meet the qualification requirements.

Questions? Call (503) 231-8164 or use MHACBO online chat.

PRINT

SAVE AS

List previous or current social service employment, volunteer work, or internships relevant to behavioral health. Include the agency, job title, supervisor, contact information, dates, and actual hours worked.

2,000 work hours = 1 year

1,000 work hours = 6 months

|    |                       |                      |                           |                  |
|----|-----------------------|----------------------|---------------------------|------------------|
| 01 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |
| 02 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |
| 03 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |
| 04 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |
| 05 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |
| 06 | AGENCY / ORGANIZATION |                      | JOB TITLE / ROLE          |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | SUPERVISOR NAME       |                      | SUPERVISOR PHONE OR EMAIL |                  |
|    | <input type="text"/>  |                      | <input type="text"/>      |                  |
|    | START DATE            | END DATE / PRESENT   | ACTUAL WORK HOURS         | CALCULATED YEARS |
|    | <input type="text"/>  | <input type="text"/> | <input type="text"/>      | 0.000            |

Transfers to page 1

TOTAL EXPERIENCE YEARS

0.000

Relevant work examples: Peer support (PSS, CRM, PRC, PWS); behavioral health volunteer work or internships; domestic violence or homeless shelters; residential addiction or mental health settings; addiction services (CADC, CGAC); other social service delivery to people with mental health challenges.

List behavioral health credits earned at each college or university. Choose Quarter or Semester to match your transcript. The form converts semester credits automatically; do not multiply them yourself.

36 quarter credits = 1 year

24 semester credits = 1 year

Example: 3 semester credits become 4.5 quarter credits.

Behavioral health credits

| COLLEGE / UNIVERSITY    | CREDITS | CREDIT TYPE | QUARTER EQUIVALENT | CALCULATED YEARS |
|-------------------------|---------|-------------|--------------------|------------------|
|                         |         | Quarter     | 0.00               | 0.000            |
|                         |         | Quarter     | 0.00               | 0.000            |
|                         |         | Quarter     | 0.00               | 0.000            |
|                         |         | Quarter     | 0.00               | 0.000            |
| BEHAVIORAL HEALTH TOTAL |         |             | 0.00               | 0.000            |

Other college credits

CONDITIONAL SECTION

You may include non-behavioral-health college credits only when you have at least 45 behavioral health quarter credits (30 semester credits) in the section above. This section unlocks when that threshold is reached.

| COLLEGE / UNIVERSITY                                                        | CREDITS | CREDIT TYPE | QUARTER EQUIVALENT | CALCULATED YEARS |
|-----------------------------------------------------------------------------|---------|-------------|--------------------|------------------|
|                                                                             |         | Quarter     | 0.00               | 0.000            |
| Not counted yet: enter at least 45 behavioral health quarter credits above. |         |             |                    |                  |
| Includes eligible other college credits                                     |         |             | ALL COLLEGE YEARS  | 0.000            |

DOCUMENTATION

Attach your college or university transcripts. All education is verified directly by MHACBO staff. Examples of relevant course subjects appear on page 5.

If you have no college credits to report, continue to the training section on page 4.

List behavioral health workshops, continuing education, seminars, trainings, and conferences. Enter clock hours. For Relias or a similar platform, you may enter one combined row such as “Relias trainings” with the total training hours.

360 accredited training clock hours = 1 year

| TRAINING / WORKSHOP / PROVIDER | CLOCK HOURS          | CALCULATED YEARS |
|--------------------------------|----------------------|------------------|
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                |                      | 0.000            |
|                                | TOTAL TRAINING YEARS | 0.000            |

Attach training certificates. Accepted training and accreditation examples appear on page 6. Save the form and confirm your entries are visible before uploading it to Certemy.

Use this matrix to compare combinations of occupational experience and education. These are the combinations shown in MHACBO's qualification guidance; staff review and verify each submission.

| RELEVANT WORK EXPERIENCE | RELEVANT EDUCATION                                     | MINIMUM BEHAVIORAL HEALTH EDUCATION |
|--------------------------|--------------------------------------------------------|-------------------------------------|
| 6,000 hours · 3 years    | No education required                                  | None for this row                   |
| 5,000 hours · 2.5 years  | 18 quarter credits or 180 training hours               | 180 hours                           |
| 4,000 hours · 2 years    | 36 quarter credits or 360 training hours               | 360 hours                           |
| 3,000 hours · 1.5 years  | 54 quarter credits or 540 training hours               | 450 hours                           |
| 2,000 hours · 1 year     | 72 quarter credits or 720 training hours               | 450 hours                           |
| 1,000 hours · 0.5 year   | 90 quarter credits or 900 training hours               | 450 hours                           |
| No experience hours      | Bachelor's degree in behavioral health-related studies | Behavioral health degree            |

Quarter credits and clock hours are different units. College entries are converted on page 3; training hours are converted on page 4. A numerical total does not replace MHACBO verification.

## Examples of relevant course subjects

|             |                             |             |                                            |
|-------------|-----------------------------|-------------|--------------------------------------------|
| <b>PSY</b>  | Psychology                  | <b>CMN</b>  | Communication                              |
| <b>HUM</b>  | Human Services / Humanities | <b>CPSY</b> | Counseling Psychology                      |
| <b>HDE</b>  | Human Development           | <b>SW</b>   | Social Work                                |
| <b>HS</b>   | Human Services              | <b>SPED</b> | Special Education                          |
| <b>HE</b>   | Health                      | <b>SPSY</b> | School Psychology                          |
| <b>AD</b>   | Alcohol & Drug Counseling   | <b>PRAC</b> | Practicum classroom hours based on credits |
| <b>SOC</b>  | Sociology                   | <b>SEM</b>  | Behavioral health / science seminars       |
| <b>COUN</b> | Counseling                  |             |                                            |

Need help choosing a section or understanding the matrix? Call (503) 231-8164 or use MHACBO online chat.

Examples of approved or accredited training sources are listed below. Keep certificates showing the training you completed. Contact MHACBO if you have questions about a training provider or accreditation.

- Accreditation Council for Continuing Medical Education (ACCME)
- Addiction Counselor Certification Board of Oregon (ACCBQ)-now Mental Health And Addiction Certification Board(MHACBO)
- American Association for Marriage and Family Therapy (AAMFT)
- American Association of Sexuality Educators, Counselors and Therapists (AASECT)
- American Family Therapy Academy (AFTA)
- American Medical Association (AMA)
- American Nurses Credentialing Center (ANCC)
- American Psychiatric Association (APA)
- American Psychological Association (APA)
- American Society of Clinical Hypnosis (ASCH)
- American Society of Clinical Oncology (ASCO)
- Association of Family and Conciliation Courts (AFCC)
- Association of Social Work Boards (ASWB)
- California Board of Registered Nursing (BRN)
- Canadian Counselling and Psychotherapy Association (CCPA)
- Certification Board for Music Therapists (CBMT)
- Commission for Case Manager Certification (CCMC)
- Commission on Rehabilitation Counselor Certification (CRCC)
- Eye Movement Desensitization and Reprocessing Institute, Inc. (EMDR)
- George Fox University
- International Association for Continuing Education and Training (IACET)
- International Employee Assistance Professionals Association (EAPA)
- Multnomah County Mental Health and Addiction Services (MHAS)
- National Association for Addiction Professionals (NAADAC - Prev. Nat'l Assoc. for Alcoholism and Drug Abuse Counselors)
- National Association of Long Term Care Administrator Boards (NAB)
- National Association of School Psychologists (NASP)
- National Association of Social Workers (NASW - national and all state chapters)
- National Board for Certified Counselors (NBCC)
- National Council on Problem Gambling (NCPG)
- Oregon Department of Human Services (DHS)
- Oregon Department of Veterans' Affairs (ODVA)
- Oregon Friends of C. G. Jung (OFJ)
- Oregon Health and Science University (OHSU)
- Oregon Health Authority (OHA)
- Oregon Nursing Home Administrators Board (NHAB)
- Oregon Psychoanalytic Center (OPC)
- Oregon State Hospital Department of Social Work (OSH)
- Pacific Northwest Society of Jungian Analysts (PNSJA)
- Pain Society of Oregon (PSO)
- U.S. Department of Veterans Affairs (VA)
- Continuing education approved by other State Social Work Licensing Boards, State Professional Counseling/Therapy Boards, State Addiction Certification Boards

#### BEFORE YOU SUBMIT

- ☐ Saved PDF with entries visible
 ☐ College transcripts
 ☐ Training certificates