County of Los Angeles – Department of Mental Health

LPS DESIGNATION INITIAL/RENEWAL APPLICATION FORM

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 bulletin page) (Initial only)	Date of requested training (Initial only)
☐ Initial Application ☐ Renewal Application	Training or testing date previously completed (if applicable)
County Employee Number (non-county employees supply the last four digits of the SSN)	
Candidate's Name	
Name of Agency, Program, or Hospital	Job Title

☐ Resident ☐ Professional Staff with Admitting Privileges ☐ Professional Staff without Admitting. Privileges ☐ County/DMH or Contracted Facility Staff

Work Address	City	Zip Code
Work Telephone	Fax	E-mail

List other facilities at which LPS designated (if applicable)

Number of years experience as a licensed MH professional

Length of time in LACDMH (County/Contracted) (in years)	Length of time at facility/program (Private and County Contracted)

Current job description of candidate which requires that he/she be designated (please check one)

On –Site	Mobile
☐ County clinic/County contracted clinic employee	☐ Hospital employee
☐ LPS Designated acute care hospital (inpatient) employee	☐ Contracted with LPS designated facility
☐ LPS Designated acute care hospital (inpatient) MD	☐ County clinic/County contracted clinic employee

☐ LPT ☐ LCSW ☐ MFT ☐ RN ☐ PhD ☐ MD ☐ Unlicensed Resident

Credential _____ License number _____ Expiration Date _____

I attest that all statements made in this application are true and correct

Signature of Applicant Date	Professional clinically in charge of Designated Facility, or Agency Signature Date Print Name

This section to be completed after training and examination

Test Score	Pass	Fail	Test Date	Designation Expiration (maximum)
DMH Medical Director				Date

Return **Training Application for Initial L.P.S. Training** to Training And Cultural Competency Bureau Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6th Floor Rm. 605, Los Angeles, CA 90020 Phone # (213) 738-2318 FAX # (213) 351-2026	Return **Renewal** Application to Patients' Rights Office Department of Mental Health – County of Los Angeles 550 S. Vermont Ave., 6th Floor Rm. 604, Los Angeles, CA 90020 Phone # (213) 738-2716 FAX # (213) 365-2481

Submit this form as an application for authorization for LPS Designation, for LPS Designation Training, or for LPS Designation Renewal. Form must be completed for each facility at which individual desires designation. For employees eligible for designation, when training has been completed and a test score added, the application will be forwarded to the Medical Director's Office for final designation authority approval.