

ATTACHMENT: ATTESTATION THAT APPLICANT MEETS MINIMUM QUALIFICATIONS

I attest to the following attributes of the proposed solution:

- Applicant is familiar with supervision guidelines pursuant to clinical licensure
- Applicant is able to provide clinical supervision to CBH care management staff who are pursuing licensure (Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Clinical Social Worker)
- Applicant has documented experience providing clinical supervision towards licensure

Authorized Signature: _____ Date: _____

Print Name and Title: _____