



MISSOURI DEPARTMENT OF MENTAL HEALTH  
WAIVER OF DEAF SERVICES TRAINING



I, \_\_\_\_\_, hereby waive the requirement to complete the Deaf Services Training program under the Missouri Department of Mental Health's Clinical Standards of Care for Deaf Consumers (DOR 4.141), for \_\_\_\_\_ (Clinician's Name), as \_\_\_\_\_ (job capacity).

This waiver is being granted based on the following criteria (please check all that apply):

- This individual has been deemed ASL Fluent (Documentation has been provided and is on file).
- This individual has already completed a substantially similar training program.
- This individual has substantial experience working with Deaf persons.

Signature of Authorizer: \_\_\_\_\_

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

Signature of Clinician: \_\_\_\_\_

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