



**Application for Certified Depression & Mood Disorders Treatment Professional (CDMDTP)**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip/Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

I attest to the following (please initial each):

\_\_\_\_ My professional license, membership, or credential is current

\_\_\_\_ My professional license, membership or credential is in good standing as outlined in the Certification Requirements

\_\_\_\_ I have completed the required 12 education hours of Depressive & Mood Disorders Assessment and Treatment education and 3 education hours of suicide assessment, prevention and intervention approaches.

\_\_\_\_ I have conducted at least 200 contact hours with depressive or mood disorder diagnosed clients.

Please submit the required documentation via email to [info@evergreencertifications.com](mailto:info@evergreencertifications.com)

I verify that this application is complete, accurate, and that the information provided and attested to is factual and true. I understand that if any of the information provided and attested to is false or found to be false, my certification will be denied and/or revoked, and my licensing board may be contacted.

I understand that information submitted with this application may be verified for accuracy by Evergreen Certifications. I also agree to contact Evergreen Certifications in the event I no longer meet the requirements to be a Certified Clinical Depression & Mood Disorder Treatment Provider.

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