



Application for Certified Mood Disorder Professional (CMDP)

Date: _____

Name: _____

Address: _____

City/State/Zip/Country: _____

Phone: (_____) _____

Email Address: _____

I attest to the following (please initial each):

____ My professional license is current.

____ My professional license is in good standing as outlined is in Evergreen Certifications' Code of Ethics.

____ I have completed the required 12 education hours of 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 mood disorder diagnosed clients.

Please upload your required documents into your account.

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 Mood Disorder Professional.

Signed: _____ Date: _____