



Application for Certified Veteran and Military Mental Health Professional (CVMHP)

Date: _____

Name (as it appears on your license, registration, credential, or membership):

Street Address: _____

City: _____ State/Territory: _____

Postal Code: _____ Country: _____

Phone: _____

Email Address: _____

I attest to the following (please initial each):

____ I am a licensed, registered, credential or membered professional as outlined in Criterion 1.1 of the Certification Standards

____ My professional license, registration, credential, or membership is current and in good standing as outlined in Evergreen Certifications' Code of Ethics

____ I have completed the required training as outlined in Criterion 2.1 of the Certification Standards

____ I have worked with clients with military background in some capacity and have read the required readings as outlined in Criterion 3.0 of the Certification Standards

____ I have taken and passed with at least an 85% on certification assessment provided by Evergreen Certifications.

____ 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 Veteran and Military Mental Health Professional (CVMHP).

Signed: _____ Date:
