CIVIL INVOLUNTARY DETENTION
FACILITY DESIGNEE APPLICATION AND APPROVAL

Please Print Clearly

Recognized Mental Health Facility
(This section to be completed by the head of the facility)

NAME OF RECOGINZED FACILITY:	
ADDRESS OF FACILITY:	**PHONE NUMBER OF FACILITY:**
PRINT NAME OF HEAD OF FACILITY:	**SIGNATURE OF HEAD OF FACILITY:**
PRINT NAME OF FACILITY DESIGNEE:	**SIGNATURE OF FACILITY DESIGNEE:**

The professional named above as the facility designee has been designated by the head of the facility to complete applications for civil involuntary detention. The facility designee is a (***check one***):

- ❒ **Psychiatrist:** a licensed physician who in addition has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department **632.005(19)**
- ❒ **Resident in psychiatry:** a licensed physician who is in a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department **632.005(21)**
- ❒ **Psychologist:** a person licensed to practice psychology under chapter 337, RSMo, with a minimum of one year training or experience in providing treatment or services to mentally disordered or mentally ill individuals **632.005(20)**
- ❒ **Psychiatric nurse:** a registered professional nurse who is licensed under chapter 335, RSMo, and who has had at least two years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders **632.005(17)**
- ❒ **Licensed professional counselor:** a person licensed as a professional counselor under chapter 337, RSMo, and with a minimum of one year training or experience in providing psychiatric care, treatment, or services in a psychiatric setting to individuals suffering from a mental disorder **632.005(9)**
- ❒ **Psychiatric social worker:** a person with a master's or further advanced degree from an accredited school of social work, practicing pursuant to chapter 337, RSMo, and with a minimum of one year training or experience in providing psychiatric care, treatment or services in a psychiatric setting to individuals suffering from a mental disorder **632.005(18)**
- ❒ **Licensed physician:** a physician licensed pursuant to the provisions of chapter 334, RSMo, or a person authorized to practice medicine in this state pursuant to the provisions of section 334.150 RSMo **632.005(8)**
- ❒ **Registered professional nurse:** a registered professional nurse who is licensed under chapter 335, RSMo.

ACI APPROVAL
(This section to be completed by the ACI trainer)

NAME OF ACI:	**SIGNATURE OF ACI TRAINER:**	**DATE OF TRAINING:**

The professional named above as the facility designee has been designated by the head of the facility to complete applications for civil involuntary detention and has received the designee training required for approval by the Department of Mental Health.

Once completed, send the original to of this form to:

Lana Hartman, Administrative Office Support Assistant
Missouri Department of Mental Health
Division of Comprehensive Psychiatric Services - Office of Forensic Services
1706 East Elm Street - P. O. Box 687
Jefferson City, MO 65102