

New Competency Attainment Program Certification Interim Application Form

Use this form to apply for certification as a Competency Attainment Program as provided in Minn. Stat. § 611.59. The Competency Attainment Board adds approved programs to the public list of certified programs as approved. The public list includes the Program's name, mailing address(es), email address(es), and phone numbers as applicable.

The Competency Attainment Board reserves the right to request additional information as needed to confidently certify Competency Attainment Programs.

Instructions

1. Review Minn. Stat. § 611.59 and Board Policy 401.
2. Electronically complete this form and save it to your computer.
TIP: This is a Microsoft Word document. To complete this form electronically: a) "Save as" to your computer, b) fill out the form fields, c) save and/or print a copy, d) submit to the Board.
3. Complete all fields on the application according to the instructions in each section.
4. Attach the required documentation listed in the Application Packet Checklist on the last page of this application form.
5. Send the completed application and attachments using one of the methods provided on the last page of this application form.

Competency Attainment Program Information

The contact information you provide on this form becomes a public record and will be published on the Competency Attainment Board's website.

Program/Agency/Facility Name:

Mailing address:

City/State/Zip:

Contact Name(s):

Email(s) for each contact:

Phone number(s) for each contact:

Licensing agency and number(s), if applicable:

Competency Attainment Program Standards Information

Program Type or Category

Check the box next to the type of program you're completing this application for. If none of the types seem to fit, please provide a description in the "Other" option.

- ☐ Hospital
- ☐ Residential Treatment
- ☐ Community-based (e.g., group home, ACT/FACT team)
- ☐ Jail-based program, located in _____ (insert the name of the correctional facility)
- ☐ Other

Competency Attainment Program and Education Services

Check the box for each statement that is true for your program. (double click the checkbox to mark or unmark it) Provide an explanation and/or more details describing your processes, systems, methods, etc. for implementing each standard. If you do not check one of the boxes, please explain why in the open comment field at the end of the statement.

- ☐ Our program provides an environment conducive to learning. Please explain:
- ☐ **If applicable**, participants in our program have access to their medications as prescribed. Describe your process:
- ☐ **If applicable**, we have policies and procedures governing the administration of involuntary medication. Attach copies of the policies and procedures and provide additional information if needed:
- ☐ Our program will provide a means to access medical care as and when needed. Please explain:
- ☐ We are willing and able to provide access to competency attainment educational programming. Please describe how: _____ For example,
- Will you provide this through a partnership agreement or in-house? If a partnership, please provide details of the agreement.
 - Tell us who (job position) will provide the education.
 - What is the frequency and duration?
 - What type of setting is it provided in, large group, small group, one-on-one, etc.
 - Is the educational program required or optional? If optional, how do you determine if someone needs competency attainment education?

- ☐ We will ensure that regular assessments of a defendant's progress in attaining competency are documented. Please describe your processes:
- ☐ We have designated a head of the program who is knowledgeable in the processes and requirements of the competency to stand trial procedures.
- Provide the individual's name:
 - Contact information if not provided in the Program Information section:
- ☐ We have established methods and/or an individual responsible for ensuring timely communication with the court system. Please describe your processes:

Declaration of Competency Attainment Program

- ☐ We have read and understand Minn. Stat. §§ 611.40 – 611.59, Competency Proceedings, and specifically understand the Competency Attainment Program Standards set forth in Minn. Stat. § 611.59.
- ☐ As a certified Competency Attainment Program, we agree to maintain all the policies and procedures necessary to meet the standards. We will promptly notify the Competency Attainment Board if our program is no longer able to meet one or more of the standards.
- ☐ Per Minn. Stat. § 611.59, we will cooperate with and respond accordingly to requests from the Competency Attainment Board, including but not limited to providing information and completing the recertification process when established.
- ☐ I, _____ (insert name of authorized signatory), affirm the contents of this application and its attachments are true and correct.

I declare under penalty of perjury that everything stated in this application is true and correct. Minn. Stat. § 358.116.

Print or Type Full Name:

Date:

Apply Signature:

County Where Signed:

Typographical signatures are treated as a personal signature and shall be in the form /s/ Joan P. Smith

Application Packet Checklist

Please confirm that you have completed all sections of the application and that you have attached all required documents.

- ✓ Competency Attainment Program Information
- ✓ Competency Attainment Program Standards Information
- ✓ Declaration of Competency Attainment Program

Required Documents:

- ✓ Policies and procedures for involuntary medication delivery
- ✓ Proof of licensure

Optional Documents:

- ✓ Any documentation that provides a description of the facility and services provided
- ✓ Any documentation describing your plans for the provision of competency attainment education and documentation of defendant's progress

Send completed application forms and attachments to the Competency Attainment Board by email or U.S. Mail.

- For email submissions, send to info.mncab@mncab.us
- For U.S. Mail send to:
Minnesota Competency Attainment Board
445 Minnesota Street
Suite 2400
Saint Paul, MN 55101