

INTEGRITY | EXCELLENCE | CUSTOMER SERVICE
CLEET CONTINUING EDUCATION
MENTAL HEALTH ATTESTATION

This form is to be used when the course submitted is also requesting specific mental health continuing education credits for law enforcement.

Course: _____ Instructor(s): _____

Total hours of mental health continuing education requested: _____

By checking this box, and signing below, I certify the documents and audio/visual aids submitted to CLEET for approval of mental health continuing education credits provide accurate and current information, as well as contains and is organized in such a way that:

- Material related to mental health content is clearly distinct from other portions of the curriculum.
- The amount of mental health content is consistent to the amount of continuing education hours being requested.
- For consideration related to mental health, the curriculum addresses a specific illness or diagnosis per the following definition:
 - Substantial disorder of thought, mood, perception, psychological orientation, or memory that significantly impairs judgment, behavior, or capacity to recognize reality or ability to meet the ordinary demands of life.
- Examples of mental health/behavioral health topics:
 - Thought disorders: Schizophrenia, etc.
 - Mood disorders: Depression, Bipolar Disorders, etc. Anxiety disorders: PTSD, OCD, etc.
 - Personality Disorders: Borderline PD, Histrionic PD, etc.
 - Title 43A
 - Active Listening Skills
 - Communication Wheel
 - De-escalation Skills
 - Stress Reduction/Self-Care
 - Brain Development/Functioning Specific to Mental Illnesses
 - ACE's study
 - Children's Mental Health and Addiction
 - Addiction
 - Diseases of Addiction
 - Narcan/Naloxone Administration
 - Brain Development/Functioning Specific to Addiction
- Examples of material which is not a mental health/behavioral health topic:
 - Mental processes that have been weakened or impaired by reason of advanced years, Dementia, or Alzheimer's disease
 - Intellectual or developmental disability (defined in Title 10 of Oklahoma Statutes)
 - Seizure disorder, or Traumatic brain injury

Applicant's Signature: _____ Date: _____