Registration of Mental Health Professionals
(As per Mental Healthcare Act 2017)

Background

Every clinical psychologists, psychiatric social workers and mental health nurses in the State to work as mental health professionals shall be registered with the State Authority such manner as may be specified by regulations.

(c) “clinical psychologist” means a person

(i) having a recognized qualification in Clinical Psychology from an institution approved and recognized, by the Rehabilitation Council of India, constituted under section 3 of the Rehabilitation Council of India Act, 1992; or

(ii) having a Post-Graduate degree in Psychology or Clinical Psychology or Applied Psychology and a Master of Philosophy in Clinical Psychology or Medical and Social Psychology obtained after completion of a full time course of two years which includes supervised clinical training from any University recognized by the University Grants Commission established under the University Grants Commission Act, 1956 and approved and recognized by the Rehabilitation Council of India Act, 1992 or such recognized qualifications as may be prescribed;

(d) “mental health nurse” means a person with a diploma or degree in general nursing or diploma or degree in psychiatric nursing recognized by the Nursing Council of India established under the Nursing Council of India Act, 1947 and registered as such with the relevant nursing council in the State;

(f) "psychiatric social worker" means a person having a post-graduate degree in Social Work and a Master of Philosophy in Psychiatric Social Work obtained after completion of a full time course of two years which includes supervised clinical training from any University recognized by the University Grants Commission established under the University Grants Commission Act, 1956 or such recognized qualifications, as may be prescribed;
1. Registration

(i) Application for Registration

Application for registration shall be submitted in FORM G (download) along with a fee of Rs. 2000/- (Rupees Two Thousand only) by way of a demand draft drawn in favour of the Chief Executive Officer, Kerala State Mental Health Authority payable at Thiruvananthapuram.

(ii) Certificate of Registration

The Certificate of registration will be issued to the professionals by the Authority in the FORM H subject to the conditions laid down in the Mental Healthcare Act, 2017 and the rules and regulations made there under.

(iii) Validity of Certificate of Registration

The Certificate of Registration shall be valid for a period of ten years from the date of its issue and can be renewed before one month of the expiry with the prescribed fee.

2. Register of Mental Health Professionals

A category-wise register of all registered mental health professionals shall be maintained and publish list of such registered mental health professionals in such manner as may be specified by regulations by the State Authority.
Form-G

APPLICATION FOR GRANT OF REGISTRATION / RENEWAL OF REGISTRATION OF
MENTAL HEALTH PROFESSIONALS

To,

The Chief Executive Officer
The Kerala State Mental Health Authority,

Dear Sir/ Madam,

I intend to apply for grant of registration/ renewal of registration for the Mental Health
Professionals namely ........................................................................................................
1. Name of applicant .............................................
2. Details of Registration of qualifying degree in respective specialties* (RCI / NCI) (copy
attached):
3. Age:
4. Professional experience in Psychiatry:
5. Permanent address of the applicant:
6. Location/s of the Practice:
7. Qualifications (copies attached):

I am herewith sending a bank draft for Rs..................... drawn in favour of
..............................................................as application fee.
I hereby undertake to abide by the rules and regulation of the Mental Health Authority.
I request you to consider my application and grant the registration for the Mental Health
Professional to practice in Kerala State.

Yours faithfully

Signature
Name

Date
*this is not applicable for Psychiatric Social Worker