

STATE OF MAINE  
CERTIFICATE OF MEDICAL PRACTITIONER TO SUPPORT PTP APPLICATION

Pursuant to 34-B M.R.S.A. § 3873-A(2), and in support of the accompanying application for admission of \_\_\_\_\_ (the "proposed client") into the Progressive Treatment Program, I hereby certify that:

1. The proposed client suffers from a severe and persistent mental illness; specifically, the proposed client is diagnosed with \_\_\_\_\_;
2. In view of the proposed client's treatment history, current behavior, and inability to make an informed decision, it is reasonably likely that the proposed client's mental health will deteriorate and that the proposed client will in the foreseeable future pose a likelihood of serious harm, specifically [check all that apply]:
  - A substantial risk of physical harm to the proposed client as shown by recent attempts at suicide or serious self-inflicted harm;
  - A substantial risk of physical harm to others as shown by recent homicidal or violent behavior or by recent conduct placing others in reasonable fear of serious physical harm;
  - A reasonable certainty that the proposed client will suffer severe physical or mental harm as shown by recent behavior demonstrating an inability to avoid risk or to protect the proposed client adequately from impairment or injury;
3. The proposed client has a suitable individualized treatment plan, **which is attached**;
4. Licensed and qualified community providers are available to support the plan, specifically \_\_\_\_\_  
\_\_\_\_\_;
5. The proposed client is unlikely to follow the plan voluntarily;
6. Court-ordered compliance will help to protect the proposed client from interruptions in treatment, relapses, or deterioration of mental health; and
7. Compliance will enable to proposed client to survive more safely in the community without posing a likelihood of serious harm.

These statements are based on: [check at least one or both]

- my recent examination or examinations of the proposed client
- my recent treatment of the proposed client

In addition, these statements are based on: [check any that apply]

- my past examination or examinations of the proposed client
- my past treatment of the proposed client
- my personal observations
- history and information from other sources that I consider reliable

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

- licensed physician
- registered physician assistant
- certified psychiatric clinical nurse specialist
- certified nurse practitioner
- licensed clinical psychologist

[check one]