

### Surgical Readiness Assessor Certification and Recommendation

I certify that I meet the following minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master's degree or its equivalent in a clinical behavioural science field. The degree, or a more advanced one, must be granted by an institution accredited by the appropriate national or regional accrediting board. The Mental Health Professional must have documented credentials from a relevant licensing board or equivalent.
2. Competency in using the *Diagnostic Statistical Manual of Mental Disorders and/or the International Classification of Diseases* for diagnostic purposes.
3. The ability to recognize and diagnose/assess coexisting mental health concerns and to distinguish these from gender dysphoria.
4. Documented, supervised training and competence in psychotherapy or counseling.
5. Knowledge about gender-nonconforming identities and expression, and the assessment and treatment of gender dysphoria.
6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops or seminars; obtaining supervision from a mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

In addition to the minimum credentials above, it is recommended that the mental health professionals develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender-nonconforming clients. This may involve, for example, becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families. Additionally, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.

Mental health professionals who are new to the field (irrespective of their level of training and other experience) should work under the supervision of a mental health professional with established competence in the assessment and treatment of gender dysphoria.

WPATH, Standard of Care, V.7

Patient Name (as it appears on the MCP card): \_\_\_\_\_

Patient's MCP number: \_\_\_\_\_

I recommend this client for Transition-Related Surgery.

I certify that the information given on this form is complete and accurate.

Name (please Print)

\_\_\_\_\_

Professional Designation : \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_