



110 Cleveland Drive  
 Paris, KY 40361  
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### CERTIFICATION OF LINE-OF-DUTY STRESS INJURY

I, \_\_\_\_\_, hereby certify that I am a licensed mental health professional  
Name of Licensed Mental Health Professional

at \_\_\_\_\_, located at \_\_\_\_\_,  
Name of Provider/Facility/Organization Address

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State ZIP Code

I hereby certified that I have treated, evaluated, and/or counseled \_\_\_\_\_  
Name of Firefighter

and he/she was diagnosed with a line-of-duty stress injury as defined by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders,

on \_\_\_\_\_. I further certify that the above-named current or  
Date of Diagnosis

former professional or volunteer firefighter's line-of-duty stress injury has been caused by an event or an accumulation of events that occurred in the course and scope of his or her position as a professional or volunteer firefighter in the Commonwealth of Kentucky.

\_\_\_\_\_  
 Signature of Certified Mental Health Professional

\_\_\_\_\_  
 Date