STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
Application for <u>Certification</u> as
an <u>ADULT</u> Mental Health Case Manager

Under the provisions of the Utah Department of Human Services, I hereby make application to the Utah State Division of Substance Abuse and Mental Health, for certification as an Adult Case Manager.
The Division recommends that all those who provide Case Management be certified.

<u>PLEASE PRINT</u>

1. Name
   (Last Name, First, Initial)

2. Name of Agency or Facility Where Employed

   Business Address
   (Street/P.O. Box)

   (City/State/Zip)
   Business Phone Number: Email:

3. Highest level of education achieved:

4. Highest degree attained and field of study:

5. Are you licensed in the State of Utah? (Please Circle) YES NO
   If licensed, please indicate:
   a. Name of License

   b. License Number

   c. Expiration Date of License

   d. Professional Field

6. Briefly describe training in the field of mental health, specific to case management, which you have received within the past three years, including places, inclusive of dates and types of training provided.

7. **<u>WHEN COMPLETED, PLEASE MAIL TO:</u>** Utah Department of Human Services, Division of Substance Abuse and Mental Health, ATTENTION: Robert H. Snarr, MPA, LPC, NCC,
   195 North 1950 West Salt Lake City, UT 84116 **<u>OR</u>** fax to 801-538-9892.

Signature of Applicant: _____ Date: _____

I hereby certify that the applicant has complied with all requirements, which include practicum and examination.

Signature of Supervisor_____ Exam Score:_____

Supervisor's Name (please print)_____ License _____

11/09