STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Application for Certification as an ADULT 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 a Mental Health Case Manager.

PLEASE PRINT

1. Name _____
   Last First Initial

2. Mental Health Center where employed _____

   Business address _____
   Street/P.O. Box City 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? (Check one) ☐ YES ☐ NO
   If licensed, please indicate:
   a. Name of License _____

   b. License Number _____ Expiration Date_____

   c. Professional Field _____

6. Briefly describe training in the field of mental health, specific to case management, which you have received within the past two (2) years, including places, dates and types of training received. *The applicant must have a minimum of two (2) years experience in human services or related field and complete a 40 hour Case Management practicum over a two week period.*

   _____

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7. **WHEN COMPLETED, PLEASE MAIL TO:** Utah Department of Human Services, Division of Substance Abuse and Mental Health, Robert H. Snarr, MPA, LPC, NCC, 195 N 1950 W Salt Lake City, UT 84116 **OR** fax to 801-538-4696.

   Signature of Applicant _____ Date _____

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

Signature of Supervisor_____ Exam Score_____

Supervisor (please print) _____ License _____

3/2012