

STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH
Application for Certification as a CHILDREN'S 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? (Please Circle) 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.*

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 _____