STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH

Application for Re-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 re-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 three (3) years, including places, dates and types of training received.
   The minimum training requirement is eight (8) hours each year within the past three (3) years, specific to Case Management activities.

   _____

   _____

7. **WHEN COMPLETED, PLEASE MAIL TO:** Utah Department of Human Services, Division of Substance Abuse and Mental Health ATTENTION: 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 applicant has completed the minimum training specific to Case Management activities.

   Signature of Supervisor_____ License _____

   Supervisor (please print) _____

3/2012