

STATE OF UTAH OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH

Application for Re-Certification for Case Manager-Adult Behavioral Health - 1010

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 Behavioral Health/Homeless Service Case Manager. Incomplete applications will be denied.

Name: _____

Place of Employment: _____

Personal Address: _____

Personal Phone Number: _____

Personal email: _____

Each Certified Case Manager is required to complete and document 30 training hours related to mental health, substance use disorder, homelessness, trauma informed care, or related topics over the 3-year certification period. **Training hours must include at least 4 hours of ethics and 3 hours of suicide prevention training. Total of 30 hours required.**

Date:	Type:	Hours of Training Received:

Signature of Applicant: _____ **Date:** _____

I certify that the applicant has completed the minimum training specific to Case Management activities.

Name of Supervisor: _____ **Date:** _____

Supervisor Signature: _____