

# **STATE OF UTAH OFFICE OF SUBSTANCE ABUSE AND MENTAL HEALTH**

## **Application for Re-Certification as a Behavioral 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 Behavioral Health/Homeless Service Case Manager.

Please fill out the application completely. The Utah Case Management Rule R523-7-4(6) states, "Only complete applications supported by all necessary documents shall be considered." Incomplete applications will be denied.

Name:

Place of Employment:

Business Address:

Business Phone Number:

Business 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.

Date:

Type:

Hours of Training Received: Location of Training:

I understand the Utah Provider Code of Conduct and Client Rights:

**R380-80-5. Provider Code of Conduct:** (12) Each provider shall ensure each staff signs off on reading, understanding, and agreeing to follow this rule, Provider Code of Conduct and Client Rights before working with clients.

Signature of Applicant:

Date:

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

Name of Supervisor:

Supervisor Signature:

License type/number (Medicaid billing supervisors):

Experience in homeless services (Non-Medicaid billing supervisors):

**Please email applications to [dsamhcasemanagement@utah.gov](mailto:dsamhcasemanagement@utah.gov)**