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 Emp	loyment:	
Business Add	dress:	
Business Pho	one Number:	Business email:
disorder, home		
Date:	Type:	Hours of Training Received: Location of Training:

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