

# STATE OF UTAH/OFFICE OF SUBSTANCE USE AND MENTAL HEALTH

## Application for Crisis Worker Renewal

Under the provisions of the Utah Department of Health and Human Services, I hereby submit this application to the Utah State Office of Substance Use and Mental Health, for re-certification as a Behavioral Health Crisis Worker ( Please fill out the application completely).

Name:

Place of Employment:

Business Address:

Business Phone Number Business email:

R523-17-6(4) Each Certified Crisis Worker is required to complete at least 8 hours of continuing education (CEU's) every two (2) years pertaining specifically to crisis services, shall maintain adequate documentation as proof of compliance with this section, such as a certificate of completion, school transcript, course description, or other course materials, shall retain this proof for a period of three years after the end of the renewal cycle for which the continuing education is due; and at a minimum the documentation shall contain the following: Date of course, name of the course provider, name of the instructor, course title, number of hours of continuing education credits, and course objectives.

<u>Date</u>	<u>Type</u>	<u>Hours of Training Received</u>	<u>Location of Training</u>
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Signature of Applicant:

Date:

I certify that the applicant has completed the minimum training specific to Crisis Worker activities.

Name of Supervisor:

Supervisor Signature: