

**STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE & MENTAL HEALTH**

**Application for Re-Certification as  
an ADULT 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.

*The Division recommends that all those providing Case Management be certified.*

**PLEASE PRINT**

1. Name \_\_\_\_\_  
(Last Name, First, Initial)

2. Name of Agency or Facility Where Employed \_\_\_\_\_

Business Address \_\_\_\_\_  
(Street/P.O. Box)

\_\_\_\_\_  
(City/State/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 \_\_\_\_\_

c. Expiration Date of License \_\_\_\_\_

d. Professional Field \_\_\_\_\_

6. Briefly describe training in the field of mental health, specific to case management, which you have received within the past three years, including places, inclusive of dates and types of training provided.  
A minimum of eight hours training within three years must have been completed.

\_\_\_\_\_  
\_\_\_\_\_

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 North 1950 West Salt Lake City, UT 84116 **OR** fax to 801-538-9892.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that applicant has completed the minimum training specific to case management activities.

Signature of Supervisor: \_\_\_\_\_

Supervisor Name (please print) \_\_\_\_\_ License \_\_\_\_\_