## STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

## Application for Re-Certification as a Behavioral Health or Homeless Services 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.

What type of re	-certification are yo	u applying for?		
Medicaid/Insura	nce billing certification	on (requires licensed s	upervisor):	
Adult Behaviora	l Health	Children's	Behavioral Health	Both
Non-Medicaid b	illing certification (no	on-licensed supervisor	): Homeless services	
Name				
Place of Employ	ment			
Business Addres	S			
Business Phone Number			Business email	
disorder, homeless:		care, or related topics ov	nt 30 training hours related to mental her the 3 year certification period. Train	
Date:	Type:	de prevention training.	Hours of Training Received: L	ocation of Training:
Signature of App	licant:		Date:	
I certify that the	applicant has comple	ted the minimum train	ing specific to Case Management	activities.
Name of Supervi	isor:			
Supervisor Signa	nture:			

License type/number (Medicaid billing supervisors):

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