

**STATE OF UTAH/DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH**  
**Application for 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 certification as a Mental Health Case Manager.

**PLEASE PRINT**

1. Name \_\_\_\_\_  
Last First Initial
2. Mental Health Center where employed \_\_\_\_\_  
Business address \_\_\_\_\_  
Street/P.O. Box City 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? (Check one)  YES  NO  
***If licensed, please indicate:***  
a. Name of License \_\_\_\_\_  
b. License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
c. Professional Field \_\_\_\_\_
6. Briefly describe training in the field of mental health, specific to case management, which you have received within the past two (2) years, including places, dates and types of training received. *The applicant must have a minimum of two (2) years experience in human services or related field and complete a 40 hour Case Management practicum over a two week period.*  
\_\_\_\_\_  
\_\_\_\_\_
7. **WHEN COMPLETED, PLEASE MAIL TO:** Utah Department of Human Services, Division of Substance Abuse and Mental Health, Robert H. Snarr, MPA, LPC, NCC, 195 N 1950 W Salt Lake City, UT 84116 **OR** fax to 801-538-4696.

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

I certify that the applicant has complied with all requirements, which include practicum and examination.

Signature of Supervisor \_\_\_\_\_ Exam Score \_\_\_\_\_

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