

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CERTIFIED BEHAVIORAL HEALTH CASE MANAGER
RENEWAL FORM**

In order to maintain your status as a Certified Behavioral Health Case Manager, a renewal form including documentation of 12 hours each year of continuing education (including three (3) CEUs in Ethics annually), (including three (3) CEUs in Strengths' Based Recovery Principles annually) and the renewal fee (\$15.00) must be submitted every two years. **Failure to submit the renewal will result in suspension of your certification as a behavioral health case manager.** Please provide all information requested.

Please Type or Print:

Certification Number _____ **(Required: Found on your certificate)**
Date of Last Certification _____ **Date Renewal Due** _____ **(Required)**

Please complete the following information in order for us to update or correct the current file. All spaces are required for update.

1. Identifying Information:

a) Applicant's Name: _____
Last First Middle Initial Maiden

b) Social Security **and** Driver's License Number: SS# _____ DL# _____

c) Birth date: ____ / ____ / ____ d) Gender: M ____ F ____

e) Home Address: _____

f) City, State, Zip: _____

g) Area Code & Home Phone Number: _____

h) Home E-mail Address: _____

i) Current Place of Employment: _____

j) Address: _____

k) City, State, Zip: _____

l) Employment Phone & Extension: _ (____) _____ ext: _____

m) Work E-mail Address: _____

Please submit all required information and fee to:

Case Manager Certification
ODMHSAS
P.O. Box 53277
OKC, OK 73152-3277
405-522-5366 or 405-522-3842

(For verification of continuing education please complete side 2.)

