

**OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES
CERTIFIED BEHAVIORAL HEALTH CASE MANAGER
Information Update Form**

For the purpose of maintaining certification as a behavioral health case manager, it is important that DMHSAS verify the information currently in our certification file.

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.

Identifying Information:

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

b) Social Security#: _____ or DL# _____

c) Birth date: ____/____/____ d) Gender: M____ F____

e) Home Street Address: _____

f) City, State, Zip: _____

g) Area Code & Home Phone Number: _____

h) E-mail Address: _____

i) Current Place of Employment: _____

j) Address: _____

k) Employment Phone & Extension: (____) _____ ext: _____

**Please send completed form to:
Coordinator of Case Management Development
ODMHSAS
PO Box 53277
Oklahoma City, OK 73152-3277**

Signature: _____ Date: _____