



Verification of Active Practice as a CMHC in Another State

For endorsement applicants applying by via Option 2. See checklist for additional information

Applicants using Option 1 do not need to complete this form.

Each employer must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Full Legal Name: _____
First Middle Last

Address: _____ City: _____ State: _____ Zip: _____

License Number: _____ State of Issue: _____

EMPLOYMENT INFORMATION: (TO BE COMPLETED BY THE EMPLOYER, HUMAN RESOURCES, SUPERVISOR OR A PROFESSIONAL COLLEAGUE)

Name of Establishment: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____

Dates of Employment as a CMHC: _____ to _____

How many hours did the applicant work per week? _____

Number of hours practicing mental health therapy: _____

Total number of hours practiced as a CMHC: _____

Describe the applicant's duties: *(attach additional sheet if needed)*

Is the applicant still employed? Yes No

The applicant is/was a W-2 Employee Contracted Labor.

If no, is the applicant re-hirable? Yes No

If Not re-hirable, Please explain *(attach additional sheet if needed)*:

ATTESTATION:

I do hereby certify that the applicant for licensure as a clinical mental health counselor was actively engaged in the lawful practice as a CMHC at the above-named establishment for the time frame listed. I further certify that the applicant is qualified and competent to practice as a clinical mental health counselor.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of certifying individual: _____ Date: _____

Relationship to Applicant: _____