

Unlicensed Mental Health and Substance Use Disorder Provider Form

Categories of Unlicensed Providers:

As part of Medicaid provider enrollment, unlicensed individuals enrolling to provide mental health and/or substance use disorder services must complete and submit this form in lieu of a Division of Professional Licensing (DOPL) license:

- (1) Unlicensed individuals enrolling to provide psychosocial rehabilitative services (PRS) must enroll with *Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Community Health Worker, No subspecialty.*
- (2) Students (not including bachelor's level) working toward licensure pursuant to Subsection 58-1-307(b) & (c) of the Utah Code, while engaged in activities constituting the practice of a regulated profession while in training in a recognized school approved by DOPL must enroll with *the Provider Type/Specialty/Subspecialty (PT/SP/SSP) representing the profession in which the student will become licensed.*
- (3) Unlicensed individuals with a bachelor's degree, other than a bachelor's of social work, and post-graduation are accruing DOPL-required hours for licensure as a social service worker (SSW) pursuant to Subsection 58-60-205 of the Utah Code must enroll with *Provider Type/Specialty/Subspecialty (PT/SP/SSP): Behavioral Health & Social Service Providers, Social Service Worker, No subspecialty.* Providers enrolled with this PT/SP/SSP may also provide psychosocial rehabilitative services (PRS) and do not also need to enroll under category (1).

APPLICATION

Applicant Name:

The categories below, (1), (2) and (3), correspond to the categories above.
Complete the applicable section below and select only one:

(1) Enrolling to provide psychosocial rehabilitative services (PRS)

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's DOPL license type:

Signature of supervisor:

Date:

By submitting this form, I attest that I have completed or will complete within 60 calendar days of being hired, the training specified in the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services, in the section, *Training Requirements for Other Trained Individuals.*

(2) __ Enrolling as a student (not including bachelor's level) working toward licensure pursuant to Subsection 58-1-307 (b) & (c) of the Utah Code while engaged in activities constituting the practice of a regulated profession while in training in a recognized school approved by DOPL

Name of organization where you work:

Licensure you will obtain upon completion of schooling:

Name of the school/university in which you are enrolled:

Supervisor's name:

Supervisor's NPI:

Supervisor's DOPL license type:

Signature of supervisor:

Date:

By submitting this form, I attest that pursuant to Subsection 58-1-307(1)(b) & (c) of the Utah Code, I am a student engaged in activities constituting the practice of a regulated occupation or profession while in training in a recognized school approved by DOPL to the extent the activities are supervised by qualified faculty, staff, or designee and the activities are a defined part of the training program; or an individual engaged in an internship, residency, preceptorship, postceptorship, fellowship, apprenticeship, or on-the-job training program approved by the division while under the supervision of qualified individuals.

(3) __ Enrolling as an individual with a bachelor's degree, other than a bachelor's of social work, and post-graduation is accruing DOPL-required hours pursuant to Subsection 58-60-205 of the Utah Code for social service worker (SSW) licensure.

Name of organization where you work:

Supervisor's name:

Supervisor's NPI:

Supervisor's DOPL license type:

Signature of supervisor:

Date:

By submitting this form, I attest that pursuant to Subsection 58-60-205 of the Utah Code, I am accruing the hours of qualifying experience for licensure as a social service worker under the supervision of a mental health therapist.