

Behavioral Health Coach

☐ Initial Application

☐ Endorsement Application

APPLICANT INFORMATION

Full Legal Name: _____
First Middle Last

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
* If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) _____ – _____ Email: _____
Note: All Division notices and communication will be sent to this email.

Please select one:

- ☐ I am a United States citizen or a non-citizen of the United States who is lawfully present.
☐ I am a foreign national not physically present in the United States.
☐ None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue License Number Expiration Date

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and discloses all material facts regarding the applicant, and that I will update or correct the application as necessary, prior to any action on my application.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

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

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise disciplined in any way ?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you CURRENTLY have any criminal action active or pending ?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	WITHIN THE PAST 10 YEARS, have you pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a misdemeanor in any jurisdiction?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you EVER pled guilty to, no contest to, entered into a plea in abeyance , or been convicted of a felony in any jurisdiction?

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **police report(s)**
- **court record(s)**
- **probation/parole officer report(s)**

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition (even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

Do you currently hold, or have you ever held, a license, certification, or registration to practice any occupation or profession in Utah or any other jurisdiction? . (Use additional sheets if necessary.)

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a Behavioral Health Coach (or equivalent) license above, please answer the following:

- ☐ Yes ☐ No After obtaining the license(s) above, have you engaged in at least one year of experience in the jurisdiction where the license was issued?

NOTE: If you answer yes to the question above, please see the checklist at the end of this application or [our website](#) for instructions on applying by endorsement.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:
☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____
2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:
☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No The Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____
3. Is any action pending against you now by:
☐ Yes ☐ No a hospital or health care facility
☐ Yes ☐ No Medicaid, Medicare or any other state or federal health care payment reimbursement program
☐ Yes ☐ No the Federal Drug Enforcement Administration or any state drug enforcement agency
☐ Yes ☐ No malpractice insurance coverage
☐ Yes ☐ No other entity: _____
4. ☐ Yes ☐ No Have you been named as a defendant in a malpractice suit?
5. ☐ Yes ☐ No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4, you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. NPDB website: <http://www.npdb.hrsa.gov>.

If you answered "Yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI: _____

Two-Year Full-time Work Verification

Use this form to verify two years' full-time work experience.
Each Employer/Office Manager/HR Department must complete a separate form.

APPLICANT INFORMATION (TO BE COMPLETED BY THE APPLICANT)

Applicant's Full Name: _____
First Middle Last

Certification or License Number: _____ Date Issued: _____

Type of Certification or License held:

- | | |
|---|--|
| <input type="checkbox"/> Certified Behavioral Health Technician | <input type="checkbox"/> Certified Peer Support Specialist |
| <input type="checkbox"/> Certified Case Manager | <input type="checkbox"/> Certified Crisis Worker |
| <input type="checkbox"/> Substance Use Disorder Counselor | <input type="checkbox"/> Other: _____ |

VERIFICATION OF FULL -TIME WORK

(TO BE COMPLETED BY THE EMPLOYER/OFFICE MANAGER/HR)

Name of Establishment: _____

Dates the applicant was employed **full-time** with this establishment:

Employment Start Date: _____ Employment End Date: _____

Did the person listed above work full-time during the dates of employment? ☐ Yes ☐ No

Responsibilities of the applicant, while employed with this establishment:

ATTESTATION:

I certify that I am an authorized representative of the establishment listed above with the authority to access and report on the information in this verification. I further certify that the applicant listed above has worked **full-time** for the before mentioned establishment during the dates listed as required by [Utah Code § 58-60-603\(4\)\(b\)\(v\)](#).

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

Authorized Signature: _____ Date: _____

Authorized Signer's Name: _____
First Middle Last

Authorized Signer's Job Title: _____

Email: _____

Note: REQUIRED All Division notices and communication regarding employment verification will be sent to this email.

LICENSURE PATHWAY REQUIREMENTS

I am applying via the education pathway and meet each of the following educational requirements:

- ☐ I have completed a bachelor's degree or higher from a regionally accredited institution of higher learning in one of the following programs of study:
 - Human and Social Services
 - Counseling
 - Psychology
 - Social, Behavioral, or Health sciences
 - Education and Human Development
 - **Equivalent—This will require a review by the Behavioral Health Board's Qualification and Professional Development Advisory Committee and may result in a processing delay up to 65 days**
- ☐ I have completed no less than nine credit hours from a regionally accredited institution of higher learning, in applied skills relevant to the practice as a Behavioral Health Coach including each of the following:
 - Ethical, legal, and professional issues in behavioral health.
 - Therapeutic, counseling, or direct practice skills and methods.
 - Clinical documentation
 - Case management
 - Supervised internship or practicum
- ☐ I have attached a letter of recommendation to this application from a supervisor or course instructor with direct knowledge of my competency to practice as a behavioral health coach.

I am applying via the stacked credentials and experience pathway and meet each of the following requirements:

- ☐ I have completed an associate degree or higher from a regionally accredited institution of higher learning in one of the following programs of study:
 - Human and Social Services
 - Counseling
 - Psychology
 - Social, Behavioral, or Health sciences
 - Education and Human Development
 - **Equivalent—This will require a review by the Behavioral Health Board's Qualification and Professional Development Advisory Committee and may result in a processing delay up to 65 days**
- ☐ I have completed no less than nine credit hours from a regionally accredited institution of higher learning, in applied skills relevant to the practice as a Behavioral Health Coach including each of the following:
 - Ethical, legal, and professional issues in behavioral health.
 - Therapeutic, counseling, or direct practice skills and methods.
 - Clinical documentation
 - Case management
 - Supervised internship or practicum
- ☐ I have completed the employment verification form (located in this application) documenting two years of full-time work in one of the following areas:
 - Certified Behavioral Health Technician
 - Certified Peer Support Specialist
 - Certified Case Manager
 - Certified Crisis Worker
 - Substance Use Disorder Counselor
- ☐ I have attached a letter of recommendation to this application from a supervisor or course instructor with direct knowledge of my competency to practice as a behavioral health coach.

NOTE: Official transcripts or certifications must be submitted directly from your accredited educational institution

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience; you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your application is classified as a public record and may be available for inspection by the public, except with regard to the release of information that is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other laws.

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(k\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- ☐ \$85.00 non-refundable application processing fee, made payable to “DOPL”.
- ☐ Supporting documentation for any “yes” answers provided on either of the qualifying questionnaires.

INITIAL LICENSURE

If applying for Initial Licensure, in addition to the items required for all applicants, you must submit documentation of meeting the requirements, in one of the following licensure pathways (see previous page for details.):

- ☐ **Higher Education Pathway**
- ☐ **Stacked Credentials and Experience Pathway**

LICENSURE BY ENDORSEMENT

If applying licensure by endorsement, in addition to the items required for all applicants, you must submit:

- ☐ Official verification, showing active licensure in good standing for at least one year, from a jurisdiction designated by the Division as equivalent to Utah.
- ☐ If required, official transcripts or recommendation letters to demonstrate equivalency.

Please see [our website](#) for additional information regarding approved jurisdictions, and any additional documentation that may be necessary.

Applications may be completed on the DOPL website [dopl.utah.gov](#) or by submitting a completed application to the Division in person or at the address listed below

By US Postal Service:

**Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741**

By in-person or express delivery:

**Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84114**

If you have questions, please contact the Division at 801-530-6628 or by email: b8@utah.gov.
Do not send applications or payments to this email.