



UBHO

UTAH ASSOCIATION
of BEHAVIORAL HEALTH
ORGANIZATIONS

Provider Application for UBHO Membership

What is the name of your organization? _____

Please list the address to each location in your organization along with the level of care offered at each location:

- _____
- _____
- _____
- _____

Contact name and phone number for the organization: _____

What accreditations do you have? _____

How did you hear about UBHO? _____

Have you received, read, understood and agree to the code of ethics for UBHO? _____

Are you aware of the annual membership fees for your organization? _____

Why are you interested in becoming a member of UBHO?
