



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.**  
Commissioner

July 18, 2016

UPS GROUND

Mr. James P. Scordo  
Executive Director  
Credo Community Center for the  
Treatment of Addictions, Inc.  
595 West Main Street  
Watertown, New York 13601-1335

Re: Provider #41270  
Operating Certificate #170712028 [Established]  
PRU #52964

Dear Mr. Scordo:

Operating Certificate #170712028 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate authorizes Credo Community Center for the Treatment of Addictions, Inc. to operate a Part 822 opioid treatment program, at 595 West Main Street, Watertown, based on review and approval of Certification Application #2015.093, effective August 1, 2016.

Credo Community Center for the Treatment of Addictions, Inc. is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

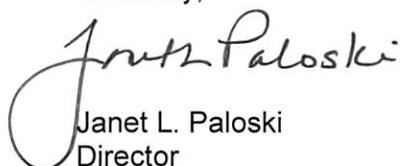
The Mental Hygiene Law requires services to be operated in accordance with the terms of the Operating Certificate. Therefore, please carefully examine this certificate and notify the Bureau of Certification immediately if it contains any inaccuracies.

The Bureau of Certification and Systems Management has recently made significant changes to our application review process and we are very interested in your experience with the new process. Please take a few moments to complete the attached **Chemical Dependence Certification Process Satisfaction Survey**, as your feedback will help with continued improvement.

Mr. James P. Scordo  
Page 2 of 2  
July 18, 2016

Pursuant to the NYS Justice Center Act, OASAS providers are required to conduct criminal background checks on prospective hires, contractors, volunteers, or interns ***if they have the potential to or may be permitted to have regular and substantial unsupervised or unrestricted physical contact with service recipients.*** The OASAS criminal background check will provide you with the information needed to comply with this process. If you have any questions about the criminal background check process, please contact OASAS Counsel's Office at [cbc@oasas.ny.gov](mailto:cbc@oasas.ny.gov).

Sincerely,



Janet L. Paloski  
Director

Bureau of Certification and Systems Management

Enclosure  
cc w/enc.:

Charles W. Monson  
Tim Donovan  
Rochelle Cardillo  
Criminal Background Check Unit  
Michael Yorio  
John Van Horn  
Cathy Shippey  
Diane Gerdon  
Lynn DeFruscio  
Roger Ambrose (Jefferson County)  
Peter Ouderkirk (President of the Board of Directors, Credo Community Center  
for the Treatment of Addictions, Inc.)  
Vicki Wolfe (Clinical Director, Credo Community Center for the Treatment of  
Addictions, Inc.)

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
CHEMICAL DEPENDENCE CERTIFICATION PROCESS SATISFACTION SURVEY**

OASAS is committed to improving the Certification Process. Your opinion as a recent applicant will provide us with valuable information. Please take a few moments to fill out the survey below. Your feedback will help improve the Certification Process.

To complete the survey, check one of the ratings from "Very Satisfied" to "Not at All Satisfied" for each of the following factors regarding your recent experience with the OASAS Certification Process. As appropriate, indicate any "strengths" and suggested "improvement opportunities". Please return the completed survey to:

NYS OASAS, Bureau of Certification, 1450 Western Avenue, Albany NY 12203

Factor	Very Satisfied	Moderately Satisfied	Somewhat Satisfied	Not at All Satisfied
1. Overall how satisfied were you with the Certification Process?				
2. How clear were the application and instructions?				
3. How timely was the Certification Process?				
4. How satisfied were you in finding out the status of your application?				
5. How satisfied were you with your interactions with each of the following?				
a. Local Governmental Unit (city/county) staff				
b. OASAS Field Office staff				
c. OASAS Facilities Evaluation and Inspection Unit staff				
d. OASAS Bureau of Certification Staff				

**Strengths**

- Is there anything you thought OASAS did particularly well?

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**Improvement Opportunities**

- Do you have any specific suggestions on how the process and/or the application can be improved?

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Provider Name \_\_\_\_\_ Phone No. \_\_\_\_\_ County \_\_\_\_\_  
(Optional)

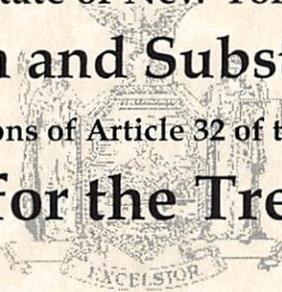
- Type of Application:
- |                                                |                                           |                                                |
|------------------------------------------------|-------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> New OASAS Provider    | <input type="checkbox"/> Minor Relocation | <input type="checkbox"/> Additional Location   |
| <input type="checkbox"/> New Treatment Service | <input type="checkbox"/> Relocation       | <input type="checkbox"/> Transfer of Ownership |
| <input type="checkbox"/> Capacity Increase     | <input type="checkbox"/> Space Expansion  | <input type="checkbox"/> Capital Project       |
| <input type="checkbox"/> Change in Ownership   |                                           |                                                |

State of New York

Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Credo Community Center for the Treatment of Addictions, Inc.



is hereby granted this

CHEMICAL DEPENDENCE  
OPERATING CERTIFICATE

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of  
14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

Program Name(s)

Service(s)

595 West Main Street  
Watertown, New York 13601-  
1335

- Part 822 Opioid Treatment Program - 100 patients



*Charles W. Monson*

170712028

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER

EFFECTIVE DATE: August 01, 2016  
EXPIRATION DATE: July 31, 2017