



## OASAS Chemical Dependence Certification Application

### CHANGES TO PREVENTION SITES

Use this application to add a new site (submit one application per new site) or to remove an existing site(s) to a currently certified Prevention Counseling Service (Prevention Other).

<b>Applicant's Legal Name</b>		
<b>Current Certificate of Approval #</b>	<b>PRU #</b>	
<b>Applicant Contact Information</b>		
Name		
Address		
Telephone No.	Fax No.	
E-Mail Address		
<b>New Site Information</b>		
School Name (if applicable)	Floor & Room Numbers	
Street Address		
City	Zip Code	County
<b>Required Attachments</b>	<b>Included in Application (✓)</b>	<b>Verified by Field Office (✓)</b>
1. Certificate of Occupancy (if not in School)		
2. Floor Plans Containing (if not in School)		
a. room dimensions		
b. location of doors and windows		
c. location of fire extinguishers		
3. Photos (if not in School)		
4. Lease (if not in School) or documentation of permission to use space in School		
5. Public School Fire Safety Report (a copy of the first and last page, with signature, of the most recent Fire Safety report)		
6. Service description. (Include staff, hours of operation, anticipated number of participants, and any other relevant information.)		

<b>Additional Actions Required</b>		
Are any currently authorized sites to be deleted from the Certificate of Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide the address(es) exactly as it appears on the Certificate of Approval. (If requesting removal of more than two sites, please use additional pages as necessary.)		
	Site #1	Site #2
School Name		
Floor & Room #		
Street		
City		
Zip Code		
<b>Applicant Attestation</b>		
I certify that I am authorized by the applicant to submit to OASAS the changes identified above to the certified Prevention Other service site(s). I further certify that, to the best of my knowledge, the new site(s), if applicable, complies with OASAS facility requirements for a Prevention Other site and that the required documentation is attached.		
Signature		Name (Print)
Title (Print)		Date
<b>Local Governmental Unit Approval</b>		
I have reviewed the request to add a Prevention Other site and recommend		
<input type="checkbox"/> Approval <span style="margin-left: 200px;"><input type="checkbox"/> Disapproval</span>		
Signature		Name (Print)
Title (Print)		Date
<b>Note: The Local Governmental Unit will forward this <i>signed</i> form with attachments to the OASAS Field Office.</b>		
<b>OASAS Field Office Approval</b>		
I have verified that the documents identified in the Required Attachments section of this form (Page 1) are attached and have been reviewed and approved by the appropriate Field Office.		
Program Manager Signature	Name (Print)	Date
Field Office Coordinator Signature	Name (Print)	Date
<b>Note: The Program Manager/Field Office Coordinator will forward two <i>signed</i> copies of the Certification Application with attachments to the Bureau of Certification and Systems Management.</b>		