



OASAS Chemical Dependence Certification Application

CHANGES TO PREVENTION COUNSELING OTHER SERVICE SITES

Use this application to add a new prevention counseling other service site (submit one application per new site) or to remove an existing prevention counseling other service site(s) to a currently certified Prevention Counseling Service (Prevention Other). Any other changes require a PPD-5.

Applicant's Legal Name			
Current Certificate #		Program Number/PRU #	
Applicant Contact Information			
Contact Name			
Address			
Telephone No.			
E-Mail Address			
New Site Information			
School Name (if applicable)		Floor & Room Numbers	
Street Address			
City	Zip Code	County	
Required Attachments			Included in Application (✓)
Location in a School			
Letter documenting permission to use space in School			<input type="checkbox"/>
Public School Fire Safety Report (a copy of the first and last page, with signature, of the most recent Fire Safety report)			<input type="checkbox"/>
Service description. (Include staff, hours of operation, anticipated number of participants, and any other relevant information.)			<input type="checkbox"/>
Operating Budget			<input type="checkbox"/>
Location not in a School			
Certificate of Occupancy			<input type="checkbox"/>
Floor Plans Containing			<input type="checkbox"/>
a. room dimensions			<input type="checkbox"/>
b. location of doors and windows			<input type="checkbox"/>
c. location of fire extinguishers			<input type="checkbox"/>
Photos			<input type="checkbox"/>
Lease			<input type="checkbox"/>
Service description. (Include staff, hours of operation, anticipated number of participants, and any other relevant information.)			<input type="checkbox"/>
Operating Budget			<input type="checkbox"/>

Additional Actions Required		
Are any currently authorized sites to be deleted from the Certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the address(es) exactly as it appears on the Certificate. (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		
Applicant Attestation		
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 service site and that the required documentation is attached.		
Signature		Name (Print)
Title (Print)		Date
Local Governmental Unit Approval		
I have reviewed the request to add a Prevention Other service site and recommend		
<input type="checkbox"/> Approval <input type="checkbox"/> Disapproval		
Signature		Name (Print)
Title (Print)		Date
Note: The Local Governmental Unit will forward this <i>signed</i> form with attachments to the OASAS Regional Office.		
OASAS Regional Office Approval		
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
Regional Office Coordinator Signature	Name (Print)	Date
Note: The Program Manager/Regional Office Coordinator will forward two <i>signed</i> copies of the Certification Application with attachments to the Bureau of Certification.		