



FOR OASAS USE ONLY		
Provider Legal Name		
Provider Number	PRU Number	Operating Certificate Number

Program Contact Information	
Program Address	
Contact Name/Title	
Telephone Number	E-Mail Address

<input type="checkbox"/> Part 822 Outpatient Program <input type="checkbox"/> Part 822 Opioid Treatment Program	Please attach a copy of your current Part 822 Outpatient Program and/or Part 822 Opioid Treatment Program Operating Certificate(s).
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The Joint Commission Deemed Status
<p>Section 32.14 of the Mental Hygiene Law allows OASAS to accept the accreditation survey of hospital-based Part 822 Outpatient Programs and Opioid Treatment Programs conducted by The Joint Commission (TJC) in lieu of a separate licensing survey conducted by OASAS.</p> <p>Accredited hospitals that are interested in participating in this initiative should complete this Deeming Attestation Form and return it to OASAS. Please also be advised that OASAS retains the right to conduct validation and any other unannounced on-site visits to all certified programs. In addition, Mental Hygiene Law requires a hospital to notify OASAS of the loss of accreditation or notification by CMS of termination from the Medicare program.</p>

To be eligible to participate, all of the hospital's OASAS certified programs must have an OASAS Operating Certificate with a duration of at least two (2) years.

Hospital Deeming Attestation	
I hereby attest to the accuracy of the above stated information and that the accredited hospital identified agrees to comply with all requirements outlined in the letter regarding deeming by The Joint Commission.	
Provider Representative	Date

Please submit completed form to:
OASAS Certification Bureau
1450 Western Avenue, Albany, NY 12203