

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION**

APPLICATION SUMMARY

Applicant's Consultation			
The Certification Proposal – Prior Consult form (ATTACHMENT #1A) must be completed and included with the certification application submission as proof of prior consultation with the Local Governmental Unit and Field Office.			
Entity/Administrative Headquarters Mailing Address			
Applicant's Legal Name			
Street	Room/Suite	Floor	PO Box or Postal Route
City, Town, Village		State NY	Zip Code + 4
Summary of Application			
Check the appropriate category and provide a brief summary of the purpose for submitting this application.			
<input type="checkbox"/> New OASAS Provider	<input type="checkbox"/> New Sponsor	<input type="checkbox"/> New Treatment Service	<input type="checkbox"/> Capacity Increase
<input type="checkbox"/> Minor Relocation	<input type="checkbox"/> Relocation	<input type="checkbox"/> Space Expansion	<input type="checkbox"/> Additional Location
<input type="checkbox"/> Merger	<input type="checkbox"/> Transfer of Ownership	<input type="checkbox"/> Capital Project	<input type="checkbox"/> Change in Ownership Status
Certifications and Assurances			
<p>1. a. Authorization to Represent Applicant</p> <p>For Corporate Entities, include as ATTACHMENT #1 a signed and dated corporate resolution authorizing the contact person identified on Page 2 of this form to act on its behalf in the preparation of this application and to represent the applicant throughout the certification application process. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the contact person to act on their behalf in the preparation of this application and to represent the applicant throughout the certification application process.</p>			
<p>1. b. Authorization of Proposed Action</p> <p>For Corporate Entities, include as ATTACHMENT #2 a signed and dated corporate resolution authorizing the proposed action. If not a Corporate Entity, the Owner must include a signed and dated statement authorizing the proposed action.</p>			
<p>2. Certification of Finders Fees and Other Considerations</p> <p>I certify, under penalty of perjury, that no fees or other considerations will be paid or tendered to any individual, group, agency or organization for referrals to the services to be provided by this applicant, including payment of the expenses of the referral source incidental to the making of a referral.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Authorized Representative Position/Affiliation with Applicant Date </p>			
<p>3. Assumption of Financial Risk – Non-OASAS Funded Applicants Only</p> <p>The applicant certifies and assures that it is prepared to assume (or will continue to assume) any and all financial risk in the development and operation of the services proposed and that sufficient financial resources are available for the start up and continuing operation of such services. The applicant further certifies, under penalty of perjury, and assures that it will not seek OASAS funding for the specific services under the circumstances described in this application.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Governing Authority Principal Position/Affiliation with Applicant Date </p>			
<p>4. Certifications by a Principal of the Governing Authority</p> <p>I certify that I am aware of and will comply with the requirements for operation in accordance with an operating certificate and the obligation to be certified prior to initiating operation of the services proposed in this application. I further certify, under penalty of perjury, that all the information contained in this application is accurate, true and complete in all material aspects.</p> <p style="text-align: center;"> _____ _____ _____ Signature of Governing Authority Principal Position/Affiliation with Applicant Date </p>			

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Applicant's Legal Name								
Application Contact Person								
Name of Contact Person					Position/Affiliation with Applicant			
Address (Street, City, State, Zip Code)								
Telephone Number			Fax Number		E-Mail Address			
Local Support								
Include as Attachment #2A , a summary and proof of your outreach to the local community (e.g., Community Service Boards, Community Boards, Planning Boards, Neighborhood Coalitions, other local municipalities). Please summarize community input, including any existing or likely community concerns, as well as any recommendations. Include date(s) and the name(s) of the local community officials.								
Proximity (miles) to Nearest Community Facility (e.g., School, Religious Center, Child Care Facility)						Type of Facility		
Identification of Sites and Services Affected by this Application								
<input type="checkbox"/> None <input type="checkbox"/> As Detailed Below								
Site #1	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #2	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
Site #3	Site Address <input type="checkbox"/> Not Yet Selected (New Providers Only)							
	Services	Status	Persons Served Annually	Capacity		Units of Service		OASAS Cert. No.*
		<input type="checkbox"/> New <input type="checkbox"/> Existing		Current	Proposed	Current	Proposed	
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						
		<input type="checkbox"/> New <input type="checkbox"/> Existing						

*Last 5 digits only

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(Read Instructions Carefully Before Completion)

PART I – ENTITY INFORMATION

A. Applicant's Legal Name	Applicant's Legal Name, including DBA, as appropriate		
	Proposed Name, including DBA, as appropriate		
B. Type of Entity	Current Entity Type (if any)		
	<input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Public Agency <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Public Benefit Corp. <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Other (specify) _____		
	Proposed Entity Type		
	<input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Public Agency <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipality <input type="checkbox"/> Public Benefit Corp. <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Other (specify) _____		
	<i>Include as ATTACHMENT #3 appropriate establishment documentation per instructions.</i>		
C. Entity Identification	(All Entities)	OASAS Provider # (if assigned)	Social Security # or Employer ID #
	(Not-for-Profit Entities Only)	NYS Charities Registration # <i>Include as ATTACHMENT #4 a copy of the letter of registration or exemption letter, as appropriate.</i>	Documentation of Tax Exempt Status <i>Include as ATTACHMENT #5 a copy of the most recent IRS Tax Exemption Letter, if applicable.</i>
D. Entity Licenses, Certifications and Accreditations	Check Each License, Certification and/or Accreditation Held (include out-of-state licenses, etc. in "Other")		
	<input type="checkbox"/> NYS Office of Mental Health <input type="checkbox"/> NYS Office of People With Developmental Disabilities <input type="checkbox"/> NYS Department of Health <input type="checkbox"/> NYS Office of Children and Family Services <input type="checkbox"/> NYS Department of Education <input type="checkbox"/> The Joint Commission <input type="checkbox"/> Council on Accreditation of Rehabilitation Facilities <input type="checkbox"/> Other (specify) _____ _____ _____		
	<i>Include as ATTACHMENT #6 a copy of all current licenses, operating certificates and/or accreditation checked above.</i>		
E. Entity Experience in Chemical Dependence Services	<i>As outlined in Part 810 – Certification of Providers of Chemical Dependence Services of the OASAS Operating Regulations, specifically Section 810.7(a)(6), owners or principals of the applicant must demonstrate and substantiate prior experience providing or managing substance use disorder treatment services. Include as Attachment #7, the identification of the owners/principals listed in Part 1, Section F, who have prior experience in providing chemical dependence services, including alcoholism and substance abuse services, along with other human services, and a brief description of their experience. Include in the attachment the applicant's most recent annual report.</i>		

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PART I – ENTITY INFORMATION

Applicant’s Legal Name

F.	<p>List all current members of the Governing Authority</p> <p>As appropriate to the type of entity, provide information below on: (1) each individual owner, (2) each partner of a partnership or limited liability partnership, (3) each member of the board of directors of a not-for-profit corporation or (4) each governing body member or holder of voting rights of a business corporation or limited liability company and each principal stockholder (i.e., non-governing body stockholder controlling 10% or more of the stock) of the business corporation or limited liability company.</p> <p>Each governing authority member/principal stockholder listed must complete, sign and date the Governing Authority Questionnaire provided in Appendix I.</p>						
Entity Governing Authority and Principal Stockholders (Non- Governmental Entities Only)	Name of Member (M) and/or Principal Stockholder (S)	M or S	Social Security # or Employer ID #.	Required for Members/Principal Stockholders of Business Corporations/LLCs Only			
	Note: A check mark in the box indicates inclusion of the Governing Authority Questionnaire			Stock Held or Share of Distributions		Voting Rights Held	
				Shares Held	Percent	Amount	Percent

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APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE

Applicant's Legal Name				
Personal Information				
Name of Governing Authority Member/Principal Stockholder		Title or Affiliation with Entity		Business or Profession
Street Address/PO Box			Date of Birth	Place of Birth
City, Town, Village			State and Zip Code +4	Telephone Number
A. Current Professional Credentials (Certificate and Licenses Held)	Profession	Certificate/License No.	Profession	Certificate /License No.
	Grantor Agency	City or State of	Grantor Agency	City or State of
	Specialty	Date Issued	Specialty	Date Issued
	Term (Month/Day/Year)		Term (Month/Day/Year)	
	From:	To:	From:	To:
<p>Have you ever been the subject of a complaint or inquiry before any board, agency committee, regulatory body or licensing authority regarding professional misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes", prepare and append an attachment labeled "Section A", which describes the circumstances of the complaint or inquiry. Include, at a minimum, the date of the incident/episode, the type of complaint or subject of the inquiry, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode.</i></p>				
B. Formal Education Beyond High School (if applicable)	Dates Attended (Month/Year)		Name and Location of Institution	Degree (if any)
	From	To		
C. Employment History (Covering the Past 10 Years)	Dates (Month/Year)		Name and Location of Employer	Title/Position
	From	To		

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APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE (CONTINUED)

Applicant's Legal Name						
Name of Member/Stockholder						
D. Chemical Dependence, Health & Human Services Clinical/ Administrative Education and Training	As outlined in Part 810 – Certification of Providers of Chemical Dependence Services of the OASAS Operating Regulations, specifically Section 810.7(a)(6), owners or principals of the applicant must demonstrate and substantiate prior experience providing or managing substance use disorder treatment services.					
	Dates Attended (Month/Year)		Type of Training/Course Name	Name/Location of Training Institution	Hours Credited	
	From	To				
E. Governing Authority Member/Principal Stockholder Interest in an Entity Currently (or to be) Regulated by a NYS Agency	Dates (Month/Year)		Name and Location of Entity	Interest Held		
	From	To				
F. Record of Legal Action	1. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	2. Are there any criminal actions pending against you or other members of a governing authority of an organization in which you have an interest? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Have you ever been a party to or involved in a hearing on the operation of a home, facility or institution caring for people before a court or administrative agency of government? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If the answer to any of the above questions is “Yes” , prepare and append an attachment labeled “Section F” to this form, which describes the conviction and/or charges. Include, at a minimum, the date of the incident, the type of offense or subject of the hearing, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode. Include with the attachment a copy of the “Certificate of Relief from Disabilities” or “Certificate of Good Conduct” or other notice of change in the disposition.						
G. Certification, Consent to Release Information and Signature	I certify, under penalty of perjury, that the information presented in this form is accurate, true and complete in all material aspects. Furthermore, in signing this document, I hereby authorize the above-named grantor agencies, schools, training institutions, employers, facilities, administrative entities and/or courts to release to the Office of Alcoholism and Substance Abuse Services any and all information regarding my credentials, education and training, employment, offices held and legal proceedings.					
	_____			_____		
Signature of Governing Authority Member/Principal Stockholder			Date			