



**Adolescent Endorsement Pilot Application**

An Adolescent Program Director applying to pilot the NYS OASAS Adolescent Endorsement must operate in an agency that has a current Part 822 Operating Certificate in good standing, complete this application and other related forms, and submit to NYS OASAS, Bureau of Adolescent, Women, by e-mail to [Shyla.Dauria@oasas.ny.gov](mailto:Shyla.Dauria@oasas.ny.gov) or [Samantha.Kawola@oasas.ny.gov](mailto:Samantha.Kawola@oasas.ny.gov). Use additional pages if necessary.

General Information		
Applicant's Legal Name		PRU(s)
Originating Site Address(es) (PRU Locations)		
Name of Contact Person		Position/Affiliation with Applicant
Telephone Number for Contact Person		E-mail Address of Contact Person
Number of Youth Served Per Year	Youth Average Length of Stay	Age Range of Youth Client's Served
Years of Experience Serving Youth	Current Evidenced-Based Practice(s) Used for Youth Services	
Years of Experience Serving Families	Current Evidenced-Based Practice(s) Used for Family Services	
Hours of Operation for Youth Services		

Number of Staff Dedicated to Youth Services	License Qualification of Staff (e.g. LCSW, LMHC, CRPA)
Partnerships with Outside Entities (e.g. pediatricians, non-profits)	
Please Identify what your agency might benefit from or would like to obtain as being part of this pilot	

Applicant Requirements	
1.	Above noted provider has experience working with the adolescent population and has a NYS OASAS Operating Certificate in good standing.
2.	Clinical staff has training in adolescent development, case management, and additional foundational skills for youth treatment.
3.	Above noted provider agrees to provide NYS OASAS with data reporting as requested.
4.	Above noted provider agrees to participate in all scheduled learning collaboratives and events with NYS OASAS, as appropriate.
5.	Above noted provider agrees to participate in at least one site visit at their respective agency with NYS OASAS staff.

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6.	Above noted provider agrees to establish a workplan with NYS OASAS staff on identified areas for growth.
7.	Above noted provider has, or plans to have, a Certified Recovery Peer Advocate (CRPA) on staff.
8.	Above noted provider agrees to provide NYS OASAS with resumes as requested.
9.	Above noted provider has Medication-Assisted Treatment available for youth.

Applicant Attestation	
<p>Part 830 permits the provision of services via Adolescent Endorsement by programs certified pursuant to Article 32 of the NYS Mental Hygiene Law if approved to do so by NYS OASAS. Approval shall be based upon acceptance of this written Plan. This form attests to compliance with such regulatory requirements.</p> <p><b>Statement of Compliance and Signature</b></p> <p>I, (print or type full name and title of the applicant)            _____ hereby attest that my agency is able to commit to participating in all aspects of the pilot program. I understand that any falsification, omission, or concealment of material fact may result in revocation of approval to provide Endorsed Adolescent services and participate in the pilot at the above-referenced location(s) and/or may subject me to administrative, civil, or criminal liability. I also understand that any subsequent changes to the approved plan must be approved by the Office of Addiction Services And Supports prior to implementation.</p>	
Program Director Signature:	Date:
Executive Director Signature:	Date: