

**Attachment A
Independent Monitor Application**

APPLICANT INFORMATION:

1. Printed Legal Name:	
2. Street Address/P.O. Box:	
3. City/Town/Village:	4. Postal Zip Code:
5. Contact Telephone #:	6. Contact Email:

NARRATIVE (Required): In addition to providing a resume/curriculum vitae, please use the expandable text boxes below to describe your pertinent background relative to serving as an Independent Monitor. No more than three paragraphs per area of information. Font Style – Optional (e.g., Times New Roman); and, Size “12”.

1. Description of experience and background in the operation of OASAS certified or funded programs relevant to serving as an Independent Monitor:
2. Description of knowledge of current OASAS operating regulations, guidance documents and other relevant laws, rules and guidance relating to specific corrective actions:
3. Description of analytical abilities and experience related to interpretation of data and written material:

4. List of OASAS Certified Provider(s) that you have a current affiliation with or have had an affiliation with in the past: