
 **NY.GOV ID**
Secure Access to New York State Services

Username

Password

Captcha

I'm not a robot 
reCAPTCHA
Privacy - Terms

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)

Need help? [Get Assistance](#)

You must have a Personal ny.gov account to use the Public Authenticated NYSE-CON. To create a NY.gov Account navigate to <https://my.ny.gov> and click on **Create an Account**.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

PERSONAL
I want to access services for my personal use. My identity must be verified.

GOVERNMENT EMPLOYEE
Information for New York State or local government employees.

BUSINESS
I want to access services in a business capacity. My personal, business or organization's identity must be verified.

Copyright 2020 New York State Office of Information Technology Services (ITS) Build: 06/11/2020 1:32 PM

Choose Personal

Obtain an NY.gov ID Personal User Account

Personal NY.gov ID - Allows you to access online services that require your verified identity where you are acting in an individual capacity (i.e. Not as a business).

Getting Started
Registering for a Personal NY.gov ID is a two part process.

1. NY.gov ID Self Registration
Online Registration consists of 3 steps. Use the 'Next' and 'Continue' buttons at the bottom of each page to move through the steps.

- Enter basic user information (along with a valid email address) and select a User ID.
- Confirm basic user information is correct.
- Finish the online registration.

2. Email Activation
Once you have finished the create steps above, please check your email and click on the link inside. Once you have clicked on the link, you will be prompted to set your password, and select 3 security questions & answers.

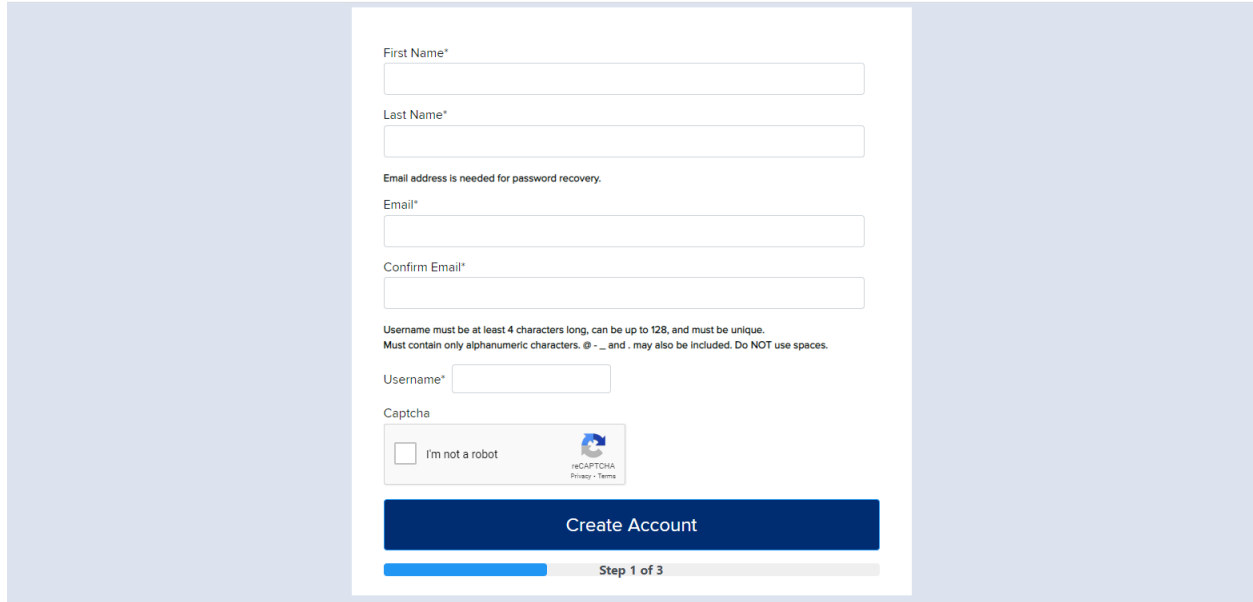
[Sign Up for a Personal NY.gov ID](#)

If you want a Personal NY.gov ID, please click the button to start the process.

[Go Back](#)

Choose Sign Up for a Personal NY.gov ID.


Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON



The image shows a registration form for a new provider. The form is centered on a light blue background. It contains the following fields and elements:


- First Name***: A text input field.
- Last Name***: A text input field.
- Email address is needed for password recovery.**: A note above the email field.
- Email***: A text input field.
- Confirm Email***: A text input field.
- Username***: A text input field.
- Captcha**: A checkbox labeled "I'm not a robot" next to a reCAPTCHA logo and "reCAPTCHA Privacy - Terms" link.
- Create Account**: A large blue button.
- Step 1 of 3**: A progress indicator at the bottom of the form.

Enter First Name, Last Name, valid email and confirm email. Enter a Username and check the **I'm not a robot** and follow the instructions. When finished click the **Create Account** button and follow the instructions for Steps 2 and 3.

 **NY.GOV ID**
Secure Access to New York State Services

Username

Password

Captcha
 I'm not a robot 
reCAPTCHA
Privacy - Terms

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)



Need help? [Get Assistance](#)

Once you have an **ny.gov** account, go to <https://my.ny.gov> to login.












Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON



You have access to the following services

 NYS License Center NYS License Center	 JCOPE FDS JCOPE Financial Disclosure System FDS
---	---

You can sign up for the following services

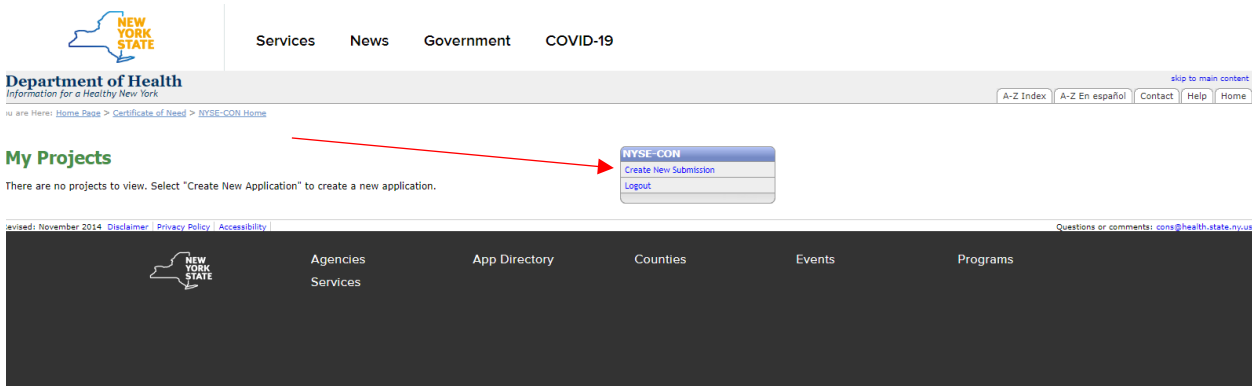
 SLMS Statewide Learning Management System.	 Labor Online Department of Labor Online Services	 MyDMV Motor Vehicles Online Services	 TEACH Application Teacher Certification
 NY State of Health The Official Health Plan Marketplace	 BPSS Application BPSS	 VSP Office of Victim Services	 Health Applications Health Applications
 NY-Alert Receive emergency alerts	 Department of Civil Service Public Website Explore Exciting Career Opportunities with New York State	 Decentralized List Management System My OMH Jobs Decentralized List Management System	

Choose Health Applications to navigate to NYSE-CON.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON



Choose Certificate of Need



Choose Create a New Submission.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

The screenshot shows the 'Create New Submission' page on the NYSE-CON portal. At the top, there is a navigation bar with 'Services', 'News', 'Government', and 'COVID-19'. Below this is the 'Department of Health' header with the tagline 'Information for a Healthy New York'. A breadcrumb trail reads 'You are Here: Home Page > Certificate of Need > NYSE-CON Home > My Projects'. On the right, there are links for 'A-Z Index', 'A-Z En español', 'Contact', 'Help', and 'Home', along with a 'skip to main content' link. The main content area is titled 'Create New Submission' and contains an 'Instructions' box. The instructions state: 'We will need to get a starting point for your submission, in order that we may ask you more specific questions later. New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice. Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.' Below the instructions, a question asks 'What type of submission would you like to create? (Select one)'. There are two radio button options: 'New Facility/Agency' and 'Changes in Ownership/Operator of Existing Facility/Agency'. A red arrow points to the 'New Facility/Agency' option. A 'Continue' button is located below the options. On the right side of the page, there is a 'NYSE-CON' menu with 'Return to My Projects' and 'Logout' options. At the bottom, there is a footer with 'Revised: November 2014' and links for 'Disclaimer', 'Privacy Policy', and 'Accessibility'. A dark navigation bar at the very bottom contains 'Agencies', 'App Directory', 'Counties', 'Events', and 'Programs'. A 'Questions or comments: con@health.state.ny.us' link is also present.

Choose New Facility/Agency.

The screenshot shows the 'Create New Submission - Facility/Agency Type Selection' page. The header and navigation are identical to the previous screenshot. The main content area is titled 'Create New Submission - Facility/Agency Type Selection' and contains an 'Instructions' box. The instructions state: 'You have selected **New Facility/Agency**. Choose one facility or agency type and select Continue to proceed.' Below the instructions, a section titled '*Select Facility or Agency Type:' contains a list of radio button options: 'Adult Home', 'Certified Home Health Agency', 'Diagnostic and Treatment Center', 'Enriched Housing Program', 'Hospice', 'Hospital', 'Licensed Home Care Services Agency', 'Long Term Home Health Care Program', 'Midwifery Birth Center', 'Office of Addiction Services and Supports', and 'Residential Health Care Facility'. A red arrow points to the 'Office of Addiction Services and Supports' option. A 'Continue' button is located below the list. At the bottom of the instructions box, there is a note: '* Fields marked with an asterisk (*) are required for saving information from this screen.' The 'NYSE-CON' menu on the right remains the same. The footer and dark navigation bar are also consistent with the previous screenshot.

Choose Office of Addiction Services and Supports.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

The screenshot shows the top navigation bar with the New York State logo and links for Services, News, Government, and COVID-19. Below this is the Department of Health logo and a breadcrumb trail: Home Page > Certificate of Need > NYSE-CON Home > My Projects. A yellow maintenance banner states: 'NYSE-CON will be unavailable on Wednesday, June 29, 2022 from 5:00 pm until 9:00 pm for scheduled maintenance. Please save any work in progress before 5:00 pm, June 29.'

Create New Submission - Select Submission Type

Instructions
You have selected **New Facility/Agency** with a facility type of **Office of Addiction Services and Supports**.
Select one submission type and select Continue to proceed.

Current Selection: None

***Select Submission Type:**

- Prior Consultation (1A) - New Facility/Agency
- New Provider**

* Fields marked with an asterisk (*) are required for saving information from this screen.

Revised: November 2014 | [Disclaimer](#) | [Privacy Policy](#) | [Accessibility](#)

On the right side of the page, there is a 'NYSE-CON' menu with 'Return to My Projects' and 'Logout' options.

Choose **New Provider** and click the **Continue** button.

Create New Submission

NYSE-CON
[Return to My Projects](#)
[Logout](#)

*Submission Type: New Provider
†Submission
Description:

A brief description of this submission.

[Change](#)

Main Site Information

*Facility Type: Office of Addiction Services and Supports

*Facility Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip Code:

*County:

Fill-in a **Description** for the project and complete the **Main Site Information**.

Principal Applicant Member

†Title: <input type="text"/>	<p>Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.</p>
†First Name: <input type="text"/>	
†Last Name: <input type="text"/>	
User ID: <input type="text"/>	
†Account Type: <input type="radio"/> NY.gov ID <input type="radio"/> HCS ID NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov or HCS account)	
†Street 1: <input type="text"/>	
Street 2: <input type="text"/>	
†City: <input type="text"/>	
†State: <input type="text" value="v"/>	
†Zip: <input type="text"/>	
†Phone Number: <input type="text"/>	
Fax Number: <input type="text"/>	
†Email Address: <input type="text"/>	

Alternate Contact Information

†First Name: <input type="text"/>	<p>Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator.</p>
†Last Name: <input type="text"/>	
†Email: <input type="text"/>	

* Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) will be required before the project and application can be submitted.

Fill-in the information for the main contact person. Be sure to include the type of account the contact person is using, and the email address associated with that account. If you are using these instructions, it should be an ny.gov account. Also enter information for an alternate contact.

Create New Submission

NYSE-CON
Return to My Projects
Logout

*Submission Type: New Provider
 †Submission Description:
 This application is for the ABC Corporation to apply to become a New OASAS provider.
 A brief description of this submission. Change

Main Site Information

*Facility Type: Office of Addiction Services and Supports
 *Facility Name: ABC Corporation
 †Street 1: 111 Main Street
 Street 2:
 †City: Anytown
 State: NY
 †Zip Code: 12205
 *County: ALBANY

Principal Applicant Member

†Title: Director
 †First Name: Mary
 †Last Name: Flowers
 User ID: paloskija
 †Account Type: NY.gov ID HCS ID
 NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov or HCS account)
 †Street 1: 111 Main Street
 Street 2:
 †City: Anytown
 †State: New York
 †Zip: 12205
 †Phone Number: (518) 555-5555
 Fax Number:
 †Email Address: janet.paloski@oasas.ny.gov

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.

Alternate Contact Information

†First Name: Rodger
 †Last Name: Jones
 †Email: rodger.jones@gmail.com

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator.

* Fields marked with an asterisk (*) are required for saving information from this screen.
 † Fields marked with a dagger (†) will be required before the project and application can be submitted.

Once you have completed all the information. Click on **Save**.

General Information

NYSE-CON
[Return to My Projects](#)
[Create New Submission](#)
[Logout](#)

Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit", located at the bottom of the screen.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** Sites Application Correspondence >>

Status:	Submission Type: Application - New Provider
Status Date:	
Review Level:	Application Received Date:
County:	Initial Review Date:
Region:	Acknowledgement Date:
Total Project Cost: \$0.00	

You will receive a message stating that the identifying information has been saved. At this point you can exit the system and return to the project at a later time to continue. If you want to continue now, select the **Executive Summary Tab**.

New Submission-Executive Summary

NYSE-CON
[Return to My Projects](#)
[Create New Submission](#)
[Logout](#)

Information

- Fields marked with a dagger (†) are required to proceed with the submission process.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** Sites Application Correspondence >>

- Click "Save" to save the changes

†Executive Summary:

Rich text editor toolbar with icons for copy, paste, undo, redo, bold, italic, underline, bulleted list, numbered list, link, unlink, indent, outdent, table, and table border. Below the toolbar are dropdown menus for Styles, Font, and Size, followed by text color and background color pickers and a help icon.

This is an application to apply to be a New OASAS provider.

body p

Save

* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any

Enter a full description of the project. When complete, select **Save**.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

NYSE-CON will be unavailable on Wednesday, June 29, 2022 from 5:00 pm until 9:00 pm for scheduled maintenance. Please save any work in progress before 5:00 pm, June 29.

Create New Submission - Sites

NYSE-CON
Return to My Projects
Create New Submission
Logout

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

[General](#) [Executive Summary](#) [Sites](#) [Application](#) [Correspondence](#) >>

[Print Sites View](#)

Instructions

Select Sites associated with this project from the dropdown.

To add a site to the project, select a location from the list and click the Add button.

To certify a new site, select "Certify New Site" from the list and click Add.

To relocate an existing site, choose the site to be relocated from the list and click Add.

Project Sites Information

Make a Selection



Add

Notice

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If you need to make changes, select **Modify** and select **Save** again. Once complete, select the **Sites** tab.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

[Return to My Projects](#)
[Create New Submission](#)
[Logout](#)

Application Number:
Provider Name: ABC Corporation
Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** >>

Instructions
Click Continue to add this site to the project. Click Cancel to return to the Project Sites screen without saving.

Certify New Site

Provider ID: NEW
Site Type: Office of Addiction Services and Supports
***Site Name:**
***Street 1:**
Street 2:
***City:**
State: NY
***ZipCode:**
***County:**

Instructions
In the space below, enter a brief description of the changes to be made at this site.
(Maximum of 1,000 characters.)

***Site Proposal Summary:**

The site information from the Contact page will populate on the sites tab. Enter a Site Proposal Summary and click **Continue**.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

NYSE-CON will be unavailable on Wednesday, June 29, 2022 from 5:00 pm until 9:00 pm for scheduled maintenance. Please save any work in progress before 5:00 pm, June 29.

Confirm New Site Information Changes

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** **Sites** **Application** **Correspondence** >>

Instructions
Click Confirm to save your changes. Click Cancel to return to the previous screen without saving.

New Location

Provider ID:	NEW
Site Type:	Office of Addiction Services and Supports
Site Name:	ABC Corporation
Physical Address:	111 Main Street, Anytown, NY 12205
County:	ALBANY
Site Proposal Summary:	Enter the Site Proposal Information

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To **Confirm** the Site Information, click **Confirm**. Once Complete, move to the **Application** tab.

New Submission-Executive Summary

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

Information

- Fields marked with a dagger (†) are required to proceed with the submission process.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** **Sites** **Application** **Correspondence** >>

- Click "Save" to save the changes

†Executive Summary:

Rich text editor toolbar with icons for Cut, Copy, Paste, Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, and Table. Below the toolbar are dropdown menus for Styles, Font, and Size, followed by text color and background color buttons and a help icon.

This is an application to apply to be a New OASAS provider.

body p

Please save any work in progress before 5:00 pm, June 29.

Application

Information

- The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)
- No Documents are associated with this project.

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

[General](#) [Executive Summary](#) [Sites](#) **[Application](#)** [Correspondence](#) >>

[Print Application View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date
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[Add New Application Document](#)

* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

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The top of the screen will list all the schedules required for this application. All of the schedules need to be uploaded before you will be able to submit the project for processing.

Application

Information

- The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form,Application Summary,Application Summary - Attachment 1 - Authorization to Represent Applicant,Application Summary - Attachment 2 - Authorization of Proposed Action,Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community,Part I - Entity Information,Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation,Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services,Part II - Site Information,Part III - Description of Services,Part III - Attachment 14 - Assessment of Need,Part III - Attachment 15 - Description of Service Components,Part III - Attachment 16 - Planned Performance Measures,Part III - Attachment 17 - Operational Policies and Procedures,Part IV - Resource Allocation,Part IV - Attachment 21 - Budget Assumptions,Part IV - Attachment 22 - Financial Statements/Reports,Appendix 1 - Governing Authority Questionnaire,Appendix IV - Character and Competence Applicant Review,Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)
- No Documents are associated with this project.

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

[General](#) | [Executive Summary](#) | [Sites](#) | **[Application](#)** | [Correspondence](#) >>

[Print Application View](#)

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date
Add New Application Document				

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To upload the Files, click on **Add New Application Document**.

New Application Document

Information

Please Choose:

- Attachment 1A - Certification Proposal Prior Consult Form
- Application Summary
- Application Summary - Attachment 1 - Authorization to Represent Applicant
- Application Summary - Attachment 2 - Authorization of Proposed Action
- Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community
- Part I - Entity Information
- Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation
- Part I - Attachment 4 - Copy of Letter of Registration or Letter of Exemption received from New York State
- Part I - Attachment 5 - Letter from Internal Revenue Service Documenting Tax Exempt Status
- Part I - Attachment 6 - Copy of All Current Licenses, OCs, Accreditations and/or Comparable Documents
- Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services
- Part II - Site Information
- Part II - Attachment 8 - Property Acquisition Documentation
- Part II - Attachment 9 - Real Property Interest of Applicant in Proposed Site/Additional Location
- Part II - Attachment 10 - Capital Investment Needs of Property
- Part II - Attachment 11 - Site Drawings and Photographs
- Part II - Attachment 12 - Certificate of Occupancy
- Part III - Description of Services
- Part III - Attachment 13 - Authorization of the Arrangement to Establish a Service at an Additional Location at a Host Agency

Application Information

Provider Name

Project Description

General | **Extra**

Document Type: Please Choose:

Date: 06/29/2022

Description:

File: No file chosen

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

Select the Schedule that you want to upload.

New Application Document

NYSE-CON
Return to My Projects
Create New Submission
Logout

Information

- The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** **Sites** **Application** **Correspondence** >>

Document Type: Attachment 1A - Certification Proposal Prior Consult Form

Date: 06/29/2022

Description:

File: No file chosen

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The description is optional unless you are uploading multiple forms of the same type. Click on the **Choose File** button to maneuver to the location on your computer where you have saved the completed schedules.

New Application Document

NYSE-CON
Return to My Projects
Create New Submission
Logout

Information

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Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

[General](#) [Executive Summary](#) [Sites](#) [Application](#) [Correspondence](#) >>

Document Type: Attachment 1A - Certification Proposal Prior Consult Form

Date: 06/29/2022

Description:

File: Prior Consult...n Form 1A.pdf

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Once you have chosen the saved schedule from your computer, the name will show next to the **Choose File** button. Select the **Add Document to Application** button to upload the file.

Application

Information

- The following schedules are required: Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

NYSE-CON

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Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General **Executive Summary** **Sites** **Application** **Correspondence** >>

[Print Application View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		🚩	06/29/2022	<input type="button" value="Update"/> <input type="button" value="Delete"/>
<input type="button" value="Add New Application Document"/>					

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Your uploaded file will display on the screen. You will also notice that the Schedule you uploaded is no longer showing on the top of the screen. To upload the next document, click on **Add New Application Document**.

New Application Document

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Information

- The following schedules are required: Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

Application Number:

Provider Name: ABC Corporation

Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** | >>

Document Type:	Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community
Date:	08/29/2022
Description:	Letter from Community Board A unique description is required for this document.
File:	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="Add Document to Application"/> <input type="button" value="Cancel"/>	

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In the case where you could have multiple documents to satisfy one of the Schedules, you will be required to enter a description, or you will receive an error when you go to upload. Continue with this process until all the required schedules have been uploaded.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

Application

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Application Number:
Provider Name: ABC Corporation
Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** >>

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Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		*	06/29/2022	Update Delete
Application Summary	Application Summary.pdf		*	06/29/2022	Update Delete
Application Summary - Attachment 1 - Authorization to Represent Applicant	Attachment 1.docx		*	06/29/2022	Update Delete
Application Summary - Attachment 2 - Authorization of Proposed Action	Attachment 2.docx		*	06/29/2022	Update Delete
Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community		1 Active Documents			
Part I - Entity Information	Part 1 - Entity Information.pdf		*	06/29/2022	Update Delete
Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation		1 Active Documents			
Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services	Attachment 7.docx		*	06/29/2022	Update Delete
Part II - Site Information	Part II - Site Information.pdf		*	06/29/2022	Update Delete
Part III - Description of Services	Part III - Description of Services.pdf		*	06/29/2022	Update Delete

Part III - Attachment 13 - Authorization of the Arrangement to Establish a Service at an Additional Location at a Host Agency	Attachment 14.docx		*	06/29/2022	Update Delete
Part III - Attachment 14 - Assessment of Need	Attachment 14.docx		*	06/29/2022	Update Delete
Part III - Attachment 15 - Description of Service Components	Attachment 15.docx		*	06/29/2022	Update Delete
Part III - Attachment 16 - Planned Performance Measures	Attachment 16.docx		*	06/29/2022	Update Delete
Part III - Attachment 17 - Operational Policies and Procedures		1 Active Documents			
Part IV - Resource Allocation	Part IV - Resource Allocation.pdf			06/29/2022	Update Delete
Part IV - Attachment 21 - Budget Assumptions	Attachment 21.docx			06/29/2022	Update Delete
Part IV - Attachment 22 - Financial Statements/Reports	Attachment 22.docx			06/29/2022	Update Delete
Appendix I - Governing Authority Questionnaire		2 Active Documents			
Appendix IV - Character and Competence Applicant Review	Appendix IV - Character and Competence.pdf			06/29/2022	Update Delete
Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)		2 Active Documents			

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Once all the required schedules have been uploaded, there will no longer be any schedules listed on the top of the screen. At this point, you should select the **General** tab

General Information

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Application Number:
Provider Name: ABC Corporation
Project Description: This application is for the ABC Corporation to apply to become a New OASAS provider.

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** >>

Status:	Submission Type: Application - New Provider
Status Date:	Application Received Date:
Review Level:	Initial Review Date:
County:	Acknowledgement Date:
Region:	
Total Project Cost: \$0.00	

Main Site Information

Provider Name: ABC Corporation	Facility Type: Office of Addiction Services and Supports
Administration Address: 111 Main Street Anytown, NY 12205	Region:
County: ALBANY	Operating Certificate/License #:
Current Operator:	Current Operator County:
	Proposed Operator County:

Principal Applicant Member

Name: Mary Flowers	Title: Director
User ID: paloskija	Address: 111 Main Street Anytown, NY 12205
Email: janet.paloski@oasas.ny.gov	Fax:
Phone: (518) 555-5555	

Alternate Contact

Name: Rodger Jones	Email: rodger.jones@gmail.com
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You can click modify if you need to make any changes, otherwise click the **Submit** button.

Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

Department of Health
Information for a Healthy New York

you are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)


NYSE-CON will be unavailable on Wednesday, June 29, 2022 from 5:00 pm until 9:00 pm for scheduled maintenance. Please save any work in progress before 5:00 pm, June 29.

Confirm Submission

By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference.

Additionally, please confirm that the email address of the project contact is janet.paloski@oasas.ny.gov. This email address will be used for all project correspondence.

Revised: November 2014 | [Disclaimer](#) | [Privacy Policy](#) | [Accessibility](#)

 Agencies App Directory Counties Events
Services

You will receive a Confirm Submission statement. You must select **Confirm** to submit the project.

General Information

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Information

- NYSE-CON and the Office of Addiction Services and Supports have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours, please send an email to Certification@oasas.ny.gov to report the problem.

Application Number: 223001
Provider Name: ABC Corporation
Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Application** | **Correspondence** >>

Status:	Received	Submission Type:	Prior Consultation (1A) - New Facility/Agency
Status Date:	06/15/2022	Application Received Date:	06/15/2022
Review Level:		Initial Review Date:	
County:		Acknowledgement Date:	
Region:			
Total Project Cost:	\$0.00		

Main Site Information

Provider Name:	ABC Corporation	Facility Type:	Office of Addiction Services and Supports
Administration Address:	111 Main Street Anytown, NY 12205	Region:	
County:	ALBANY	Operating Certificate/License #:	
Current Operator:		Current Operator County:	
		Proposed Operator County:	

Principal Applicant Member

Name:	Mary Flowers	Title:	Director
User ID:	paloskija	Address:	111 Main Street Anytown, NY 12205
Email:	janet.paloski@oasas.ny.gov	Fax:	
Phone:	(518) 555-5555		

Alternate Contact

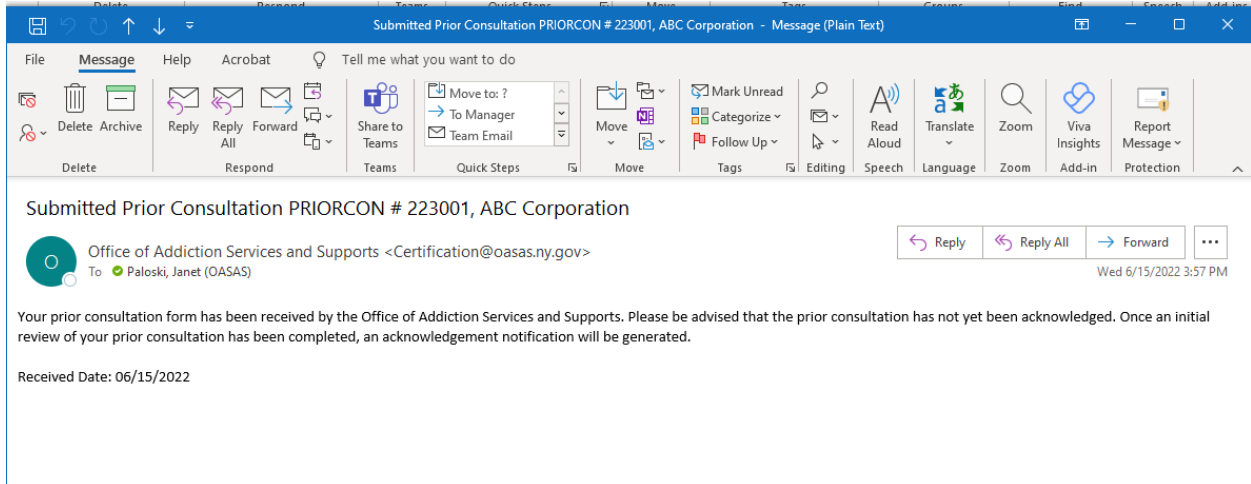
Name:	Rodger Jones	Email:	rodger.jones@gmail.com
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You will receive notification at the top of the screen that the project has been submitted and the contact person will receive a notification email. An Application Number will also be assigned and in the future, you can bring up your project by this number.



Here is an example of the email that the contact person will receive.