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](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

Choose Personal

Choose Sign Up for a Personal NY.gov ID.
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.
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

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

Choose **New Facility/Agency**.

Choose **Office of Addiction Services and Supports**.
Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

Create New Submission - Select Submission Type

Choose New Provider and click the Continue button.
Create New Submission

Fill-in a **Description** for the project and complete the **Main Site Information**.
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.
Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

Create New Submission

*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.

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: paloskl
Account Type: NYgov 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

Alternate Contact Information
*First Name: Rodger
*Last Name: Jones
*Email: rodder.jones@gmail.com

*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.
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.

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 8:00 pm until 9:00 pm for scheduled maintenance. Please save any work in progress before 8:00 pm, June 29.

Create New Submission - Sites

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

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

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

Confirm New Site Information Changes

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

Instructions: Please 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: Enter the Site Proposal Information
- Summary:

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

New Submission-Executive Summary

Information

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

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

Click *Save* to save the changes

This is an application to apply to be a New OASAS provider.
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.
Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

To upload the Files, click on **Add New Application Document**.
Instructions for a New Provider to submit an application through the Public Authenticated NYSE-CON

New Application Document

Select the Schedule that you want to upload.
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.
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


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

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Filename</th>
<th>Description</th>
<th>Document Date</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 1A</td>
<td>Certification Proposal</td>
<td>Prior Consultation Form 1A.pdf</td>
<td></td>
<td>6/23/2002</td>
</tr>
</tbody>
</table>

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

General Information

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

Status:
Status Date:
Review Level:
County:
Region:
Total Project Cost: $0.00

Main Site Information

Provider Name: ABC Corporation
Administration Address: 111 Main Street, Anytown, NY 12205
County: ALBANY
Current Operator:

Facility Type: Office of Addiction Services and Supports
Region:
Operating Certificate/License #: [License number]
Current Operator:
County:
Proposed Operator:

Principal Applicant Member

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

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

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@oaasny.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

<table>
<thead>
<tr>
<th>General</th>
<th>Executive Summary</th>
<th>Application</th>
<th>Correspondence</th>
</tr>
</thead>
</table>

Status: Received
Status Date: 06/15/2022
Review Level:
County:
Region:
Total Project Cost: $0.00

Submission Type: Prior Consultation (1A) - New Facility/Agency
Application Received Date: 06/15/2022
Initial Review Date:
Acknowledgement Date:

Main Site Information

Provider Name: ABC Corporation
Administration Address: 111 Main Street
Anytown, NY 12205
County: ALBANY
Current Operator:

Facility Type: Office of Addiction Services and Supports
Region:
Operating Certificate/License #:
Current Operator County:
Proposed Operator County:

Principal Applicant Member

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

Alternate Contact

Name: Rodger Jones
Email: rodger.jones@gmail.com

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

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.

Submitted Prior Consultation PRIORCON # 223001, ABC Corporation

Office of Addiction Services and Supports <Certification@oasas.ny.gov>

To: Polsk, Janet (OASAS)

Wed 6/15/2022 3:17 PM

Received Date: 06/15/2022

Your prior consultation form has been received by the Office of Addiction Services and Supports. Please be advised that the prior consultation has not yet been acknowledged. Once an initial review of your prior consultation has been completed, an acknowledgement notification will be generated.