NEW YORK STATE OFFICE OF ADDICTION SERVICES AND SUPPORTS

OASAS CERTIFICATION APPLICATION

(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) ☐ Individual Proprietorship ☐ Business Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Public Agency ☐ State ☐ County ☐ Municipality ☐ Public Benefit Corporation ☐ Not-for-Profit Corporation ☐ Other (specify) _____		
	Proposed Entity Type ☐ Individual Proprietorship ☐ Business Corporation ☐ Partnership ☐ Limited Liability Company ☐ Limited Liability Partnership ☐ Public Agency ☐ State ☐ County ☐ Municipality ☐ Public Benefit Corporation ☐ Not-for-Profit Corporation ☐ Other (specify) _____ *Include as **ATTACHMENT #3** appropriate establishment documentation per instructions.*		
C Entity Identification	(All Entities)	OASAS Provider # (if assigned)	Social Security # or Employer ID #
	(Not-for-Profit Entities Only)	NYS Charities Registration # *Include as **ATTACHMENT #4** a copy of the letter of registration or exemption letter, as appropriate.*	Documentation of Tax Exempt Status *Include as **ATTACHMENT #5** a copy of the most recent IRS Tax Exemption Letter, if applicable.*
D. Entity Licenses, Certifications and Accreditations	Check Each License, Certification and/or Accreditation Held (include out-of-state licenses, etc. in "Other") ☐ NYS Office of Mental Health ☐ NYS Office of People With Developmental Disabilities ☐ NYS Department of Health ☐ NYS Office of Children and Family Services ☐ NYS Department of Education ☐ The Joint Commission ☐ Council on Accreditation of Rehabilitation Facilities ☐ Other (specify) _____ _____ _____ *Include as **ATTACHMENT #6** a copy of all current licenses, operating certificates and/or accreditation checked above.*		
E. Entity Experience in Chemical Dependence Services	*As outlined in Part 810 – Certification of Providers of Addiction 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.*		

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Applicant's Legal Name

F.

List all current members of the Governing Authority

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.

Each governing authority member/principal stockholder listed must complete, sign and date the Governing Authority Questionnaire provided in Appendix I.

Entity Governing Authority and Principal Stockholders (Non-Governmental Entities Only)

Name of Member (M) and/or Principal Stockholder (S) **Note: A check mark in the box indicates inclusion of the Governing Authority Questionnaire**	M or S	Social Security # or Employer ID #.	Required for Members/Principal Stockholders of Business Corporations/LLCs Only			
			Stock Held or Share of Distributions		Voting Rights Held	
			Shares Held	Percent	Amount	Percent