

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
OASAS CHEMICAL DEPENDENCE CERTIFICATION APPLICATION

(Read Instructions Carefully Before Completion)

APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE

Applicant's Legal Name				
Personal Information				
Name of Governing Authority Member/Principal Stockholder		Title or Affiliation with Entity		Business or Profession
Street Address/PO Box			Date of Birth	E-mail address
City, Town, Village			State and Zip Code +4	Telephone Number
A. Current Professional Credentials (Certificate and Licenses Held)	Profession	Certificate/License No.	Profession	Certificate /License No.
	Grantor Agency	City or State of	Grantor Agency	City or State of
	Specialty	Date Issued	Specialty	Date Issued
	Term (Month/Day/Year)		Term (Month/Day/Year)	
	From:	To:	From:	To:
<p>Have you ever been the subject of a complaint or inquiry before any board, agency committee, regulatory body or licensing authority regarding professional misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If "Yes", prepare and append an attachment labeled "Section A", which describes the circumstances of the complaint or inquiry. Include, at a minimum, the date of the incident/episode, the type of complaint or subject of the inquiry, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode.</i></p>				
B. Formal Education Beyond High School (if applicable)	Dates Attended (Month/Year)		Name and Location of Institution	Degree (if any)
	From	To		
C. Employment History (Covering the Past 10 Years)	Dates (Month/Year)		Name and Location of Employer	Title/Position
	From	To		

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APPENDIX I – GOVERNING AUTHORITY QUESTIONNAIRE (CONTINUED)

Applicant's Legal Name						
Name of Member/Stockholder						
D. Chemical Dependence, Health & Human Services Clinical/ Administrative Education and Training	As outlined in Part 810 – Certification of Providers of Chemical Dependence 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.					
	Dates Attended (Month/Year)		Type of Training/Course Name	Name/Location of Training Institution	Hours Credited	
	From	To				
E. Governing Authority Member/Principal Stockholder Interest in an Entity Currently (or to be) Regulated by a NYS Agency	Dates (Month/Year)		Name and Location of Entity	Interest Held		
	From	To				
F. Record of Legal Action	1. Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	2. Are there any criminal actions pending against you or other members of a governing authority of an organization in which you have an interest? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3. Have you ever been a party to or involved in a hearing on the operation of a home, facility or institution caring for people before a court or administrative agency of government? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If the answer to any of the above questions is “Yes” , prepare and append an attachment labeled “Section F” to this form, which describes the conviction and/or charges. Include, at a minimum, the date of the incident, the type of offense or subject of the hearing, and the person(s) and/or facilities involved, and the disposition of the matter. Provide any further details that materially relate to the incident/episode. Include with the attachment a copy of the “Certificate of Relief from Disabilities” or “Certificate of Good Conduct” or other notice of change in the disposition.						
G. Certification, Consent to Release Information and Signature	I certify, under penalty of perjury, that the information presented in this form is accurate, true and complete in all material aspects. Furthermore, in signing this document, I hereby authorize the above-named grantor agencies, schools, training institutions, employers, facilities, administrative entities and/or courts to release to the Office of Alcoholism and Substance Abuse Services any and all information regarding my credentials, education and training, employment, offices held and legal proceedings.					
	_____			_____		
Signature of Governing Authority Member/Principal Stockholder			Date			