



Screening, Brief Intervention, & Referral to Treatment (SBIRT) Training Provider Certification Application
PART A - SBIRT PROVIDER CERTIFICATION INFORMATION AND AGREEMENT
(Information Must Be Legible)

SBIRT TRAINING PROVIDER INFORMATION

SBIRT TRAINING PROVIDER NAME:

SBIRT TRAINING PROVIDER ADDRESS:

Can this information be released to the public? Yes No

EDUCATION AND TRAINING PROVIDER # (If applicable):

COUNTY:

NAME OF AUTHORIZED REPRESENTATIVE(S):

TITLE OF AUTHORIZED REPRESENTATIVE(S):

NAME OF CONTACT PERSON:

TITLE OF CONTACT PERSON:

CONTACT PERSON TELEPHONE # / EMAIL ADDRESS/WEBSITE ADDRESS:

CONTACT PERSON FAX NO.:

TYPE OF REQUEST
(Check all that apply):

New ETP Application

SBIRT 4 Hour Training

SBIRT 12 Hour Training

SBIRT Training Providers certified by the New York State Office of Alcoholism and Substance Abuse Services (OASAS) must comply with the following. Failure to comply may result in OASAS' right to rescind this Certification.

Quality Assurance:

- Utilize the NYS OASAS SBIRT standardized curriculum.
- Maintain a quality level of education and training consistent with the SBIRT Standardized Curriculum.
- Conduct periodic curricula material review to ensure that materials are up to date and consistent with current research.
- Update the SBIRT curriculum as needed. PLEASE NOTE: CONTENT AREAS ARE EXPECTED TO REMAIN CONSISTENT AND SHOULD BE UPDATED AS NECESSARY OR AS INSTRUCTED BY OASAS.
- Maintain a sign in sheet for each training delivery to include name and date of training; and name of individual attending/completing. Such records must be maintained on file for 10 years and made available to OASAS upon request.
- Submit electronically to OASAS within 30 days of completion of training, the names and required information of all participants on the designated form supplied by OASAS.**
- Issue the **OASAS SBIRT Standardized Certificate of Completion** to participants as documentation of successful completion of course work/training. Issuance of the **OASAS SBIRT Standardized Certificate of Completion** is only permitted for the total clock hours of direct training completed by participants verified through sign in sheets which must be maintained for each training delivery.
- Cooperate with OASAS Staff Compliance Visits and submit sign-in sheets, evaluations, and/or other materials as requested by OASAS.

Ethics:

- Ensure that the associated certifications and contracts for your organization and credentials/licenses for all staff employed or contracted by your organization to provide administrative and/or instructional duties are current and in good standing.
- Not knowingly misrepresent the purpose or limitations of provider certification to participants and/or the general public.
- Provide accurate information regarding SBIRT training requirements as stated in the DOH Medicaid Guidance document:
https://www.health.ny.gov/health_care/medicaid/program/update/2016/2016-04.htm.
- Utilize the OASAS Training Catalog to schedule upcoming trainings through registration on the Provider Scheduling System -
<https://webapps.oasas.ny.gov/training/index.cfm>.

Recertification (Three Year Certification Period)

- SBIRT trainers are sent a recertification packet/instructions approximately six weeks prior to expiration. (Please refer to SBIRT Training Provider Certification Application Packet for instructions).
- If there is no response to the recertification packet your certification will be inactivated. SBIRT trainers will be notified by letter with instructions for future certification.**

OASAS reserves the right to rescind an organization's/qualified trainer's SBIRT Training Provider Certification, if found to be in non-compliance with any of the above standards. Such notice shall be in writing from OASAS. The SBIRT Training Provider will have the opportunity to submit a written corrective action plan to address identified deficiencies and upon satisfactory review of the corrective action plan by OASAS, the SBIRT Training Provider status may be restored. If the SBIRT Training Provider Certification is rescinded the organization/qualified trainer will have the opportunity to submit a new SBIRT Training Provider Certification Application for OASAS' consideration, after one year of termination.

I agree to abide by the above-stated requirements and understand that these are the conditions under which SBIRT Training Provider Certification is granted and maintained.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (REQUIRED):

DATE:

SIGNATURE OF CONTACT PERSON (REQUIRED):

DATE: