

**APPLICATION FOR LICENSURE/CERTIFICATION
Alcohol/Drug Treatment Program**

When adding a Modality to your existing program or changing logistical information, a Program needs to submit the appropriate supplemental application.

Complete one application per Program Location

Organization/Corporate Information

Please check if you are applying for a Licensure or a Certification

Legal Name of Organization/Corporation: _____

National Provider Identification (NPI) # _____

Organization/Corporation Office Address: _____

City: _____ State: _____ Zip: _____

Corporate Office Telephone: _____ Fax: _____

Executive Director of Alcohol and Drug Program: _____

Executive Director Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Program Location Information

Program Name: _____

Program's Street Address: _____

City: _____ State: _____ Zip: _____

Program's Telephone: _____ Fax: _____

Name of Program Director: _____

His/Her Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

**Mailed Communication
Information**

If all mailed correspondence should go to one (1) location, designate the mailing address:

Address: _____

City: _____

State: _____ Zip: _____

**Electronic Communication
Information**

In addition to the Program Director, our system allows for an additional designee for electronic communication sent from AAPS CO. Please provide the information below, if applicable.

State Contact Designee Name: _____

Email: _____

APPLICATION FOR LICENSURE/CERTIFICATION continued....

Program Information

Program Hours of Operation: _____

Program serves the following target populations:

Please check all those that apply for the program listed above.

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Adolescents | <input type="checkbox"/> Women w/
Children | <input type="checkbox"/> Co-Occurring | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Adult Men | <input type="checkbox"/> Adult Women | <input type="checkbox"/> Persons with HIV
or AIDs | <input type="checkbox"/> Faith Based |
| <input type="checkbox"/> Seniors or Older
Adults | <input type="checkbox"/> Pregnant or
Postpartum
Women | <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Gays or Lesbians |
| | | | <input type="checkbox"/> Criminal Justice |

Program services are available in the following languages:

Please check all those that apply for the program listed above.

- | | | |
|----------------------------------|--|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other: (Please specify) |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> American Sign
Language (ASL) | _____ |
| <input type="checkbox"/> Korean | | |

Please check which licensed/certified program services applying for and number of beds available if applicable.

- | | Number of Beds |
|--|----------------|
| <input type="checkbox"/> Acute Detox..... | _____ |
| <input type="checkbox"/> Inpatient..... | _____ |
| <input type="checkbox"/> Social Detoxification | _____ |
| <input type="checkbox"/> Therapeutic Community | _____ |
| <input type="checkbox"/> Intermediate | _____ |
| <input type="checkbox"/> Reintegration..... | _____ |
| Total Number of Beds: | _____ |

- Outpatient: Intensive
- Outpatient: Counseling Treatment
- Early Intervention/Interim Services
- Opioid Maintenance Treatment
- Alcohol & Drug Assessment & Referral Program *(Required by all programs)*
- Alcohol & Drug Safety Action Program (ADSAP)

Required Signatures:

Name/Title of person completing this application Date

Executive Director of Alcohol & Drug program Date

APPLICATION FOR LICENSURE/CERTIFICATION Help Guide

Application Materials Required for LICENSURE Check List

- Application for Licensure/Certification**
- Program Policies and Procedure Manual** (*New programs* requesting licensure must submit a complete Program Policies & Procedures Manual. *Programs seeking a renewal* of licensure need only to submit any changes made to their Policy & Procedures Manual.)
- Organizational chart including the agency board** (Required for *new programs*; those seeking *renewal* need only to submit any changes.)
- List of all clinical staff and copy of their AAPS counselor credentials** (Required for new programs; those seeking renewal need only to submit any changes, including new staff.)
- Application Fee** (All programs applying for Licensure or Certification, except state-operated facilities, must enclose a fee of \$100.00 per Program Location. Make payment payable to the Department of Social and Rehabilitation Services.)
- Treatment Waiver Request** (Waiver requests must be submitted with the application for programs who believe certain standards do not apply.)

Application Materials Required for CERTIFICATION Check List

A program may request certification status when the program is in good standing with a national behavioral accreditation body or has a Mental Health License. Please submit this request to AAPS in addition to the following:

- Application for Licensure/Certification**
- Application Fee** (All programs applying for Licensure or Certification, except state-operated facilities, must enclose a fee of \$100.00 per Program Location. Make payment payable to the Department of Social and Rehabilitation Services.)
- Treatment Waiver Request** (Waiver requests must be submitted with the application for programs who believe certain standards do not apply.)
- A copy of the current accreditation certificate or Mental Health license**
- A copy of the accreditation body survey findings**
- A corrective action plans, and**
- Any follow up responses from the last on-site survey.**

Please return this completed to application with all required materials to:

Department of Social and Rehabilitation Services,
DBHS, Addiction and Prevention Services
Attention: Billie Fuller
915 SW Harrison, 9th Floor S
Topeka, KS 66612-1570

For more information or to inquire about the application form or process please contact Billie Fuller with AAPS at (785) 368-6392.