## SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY APPLICATION FOR STATE PREVENTION CERTIFICATION

Return completed application and payment to: Substance Abuse Prevention & Treatment Agency (SAPTA) 4126 Technology Way, Suite 200 Carson City, NV 89706

| Provider Name:                   |               |        |        |                         |       |
|----------------------------------|---------------|--------|--------|-------------------------|-------|
| Mailing Address:                 |               |        |        |                         |       |
| Site Location Address:           |               |        |        |                         |       |
| Telephone:                       | Fax:          |        | Email: |                         |       |
| Executive Director or Progr      | ram Operator: |        |        |                         |       |
| Signature:                       |               | Title: |        | Date:                   |       |
| *This signature verifies the pro | •             | -      | •      | pplicable state and fed | deral |

laws including: 42 C.F.R. Part 2, and HIPAA 45 C.F.R. Parts 160, 162, & 164.

| Service Options (select one service only):   |     |    |
|--|-----|----|
| Prevention Coalition   |     |    |
| Prevention Services  |     |    |
| <ul> <li>Are you a sub-recipient of funding through a Prevention Coalition?</li> </ul> | Yes | No |
| If yes, what is the name of the Prevention Coalition?                                  |     |    |
|  |     |    |
| Administrative Program Services  |     |    |
| Information and Referral Services  |     |    |

**TOTAL CERTIFICATION FEE: \$100** 

Applications must be accompanied by the appropriate certification fees. Please make checks payable to SAPTA. Separate geographical locations will require a separate application form and separate check. Incomplete applications and/or payments will be returned to the applicant. Nevada Administrative Codes 458 and the Nevada Revised Statutes 458 establish certification standards.

Funded Program Only: As referenced in the Subgrant Assurances, SAPTA reserves the right to hold reimbursement under this subgrant until any delinquent forms, reports, and expenditure documentation are submitted to and accepted by SAPTA. If a program's Certification Application and Fee Payment is not received prior to Level of Service expiration date, the monthly reimbursement may be withheld.

**Agency Use Only** 

| Date Received:      | Check Number: |                 | Amount: |  |
|---------------------|---------------|-----------------|---------|--|
| Current Expiration: |               | New Expiration: |         |  |