

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR STATE PREVENTION CERTIFICATION

Return completed application and payment to: SAPTA, 4126 Technology Way, Second Floor, Carson City, NV 89706

Provider Name: _____
 Mailing Address: _____
 Site Location Address: _____
 Telephone: _____ Fax: _____ Email: _____
 Executive Director or Program Operator: _____
 Signature: _____ Title: _____ Date: _____

These signatures verify the program and its operations are in compliance with all applicable state and federal laws including: 42 C.F.R. Part 2, and HIPAA 45 C.F.R. Parts 160, 162, & 164.

Check appropriate box:

Services:

Non-Funded	\$100
Administrative Program	\$100
Sub-Recipient of funding through a Coalition	\$100
Coalition	\$100
Information and Referral	\$100
Other	\$100

TOTAL CERTIFICATION FEES: \$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:		Cleared:	
Current Expiration:		New Expiration:					