

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR RENEWAL OF STATE CERTIFICATION CHECKLIST**

Return completed application packet and payment to:
SAPTA, 4126 Technology Way, Suite 200, Carson City, NV 89706

Provider Name: _____
Executive Director: _____
Telephone Number: _____

By initialing below, please indicate whether these required items are included in your application packet or not applicable to your program. Separate geographical locations will require a separate application form and separate check.

_____ Completed and signed certification application

_____ Certification fee made payable to the Substance Abuse Prevention and Treatment Agency (SAPTA)
(*Check or money order*)

_____ Proof of general liability insurance (*If renewing for more than one geographical location, include insurance for each location*)

_____ Proof of professional liability insurance for all provider staff and contract staff (***Treatment services staff only, does not apply to prevention services staff***)

Organizations applying for State Certification are encouraged to review and be in compliance with the regulations in [NAC Chapter 458](#). **Separate geographical locations will require a separate application form and separate check.** Return completed application, payment, and supporting documentation to SAPTA for processing. Incomplete applications and/or payments will be returned to the applicant. All levels of service adhere to the treatment criteria for addictive, substance-related, and co-occurring conditions as defined by the Division Criteria / [American Society of Addiction Medicine \(ASAM\)](#).