

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY
APPLICATION FOR 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*)
- _____ Documentation evidencing the authority of the program operator to do business in the State of Nevada
(*e.g., Articles of Incorporation, Articles of Organization, Business License, etc.*)
 - State filed Articles of Incorporation/Organization
 - Current business license or proof of exemption
 - List of all other names used by the program and any current DBA filings
- _____ One electronic copy in a flash drive of the program’s current policies and procedures manual, including a completed Policies and Procedures Checklist (*Attached with application packet*)
- _____ Quality Assurance Plan - Plan for management and improvement of the quality of services (*If included in policy and procedures manual, note page number*)
- _____ Proof of general liability insurance (*If applying for more than one geographical location, include insurance for each location*)
- _____ Proof of professional liability insurance for all provider staff and contract staff (**Treatment applicants only**)
- _____ Personnel list with name, date of hire, and a copy of the professional certification/license for each clinical staff member (**Treatment applicants only**)
- _____ Verification of a written statement signed by the operator of the service assuring that the service promotes a message to minors not to use alcohol, tobacco or illicit substances (**Prevention applicants only**)
- _____ Accreditations, licenses, and regulatory reports from other government agencies (*If applicable*)
- _____ Governing Board Bylaws/Operating Agreement and latest meeting minutes (*If applicable*)

Will this program be serving individuals 16 years of age and younger? Yes No

If yes, have fingerprint-based background checks through the Nevada Department of Public Safety been completed?
Yes No

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 \(ASAM\)](#).