APPLICATION FOR CERTIFICATION RENEWAL

INSTRUCTIONS FOR COMPLETION OF THIS FORM
Return completed form to the address designated below:

Licensing and Certification Division
SUD Licensing and Certification Section
PO Box 997413, MS 2600
Sacramento, California 95899-7413

Email: LCDSUDApplication@dhcs.ca.gov

DO NOT LEAVE any questions, boxes, lines, or fields blank. Enter N/A if not applicable to you.

For hard-copy submissions:
The form and all supportive documentation must be printed single sided, with 12-point font on 8 1/2" by 11" white paper.

DO NOT USE staples on this form or on any attachments.
DO NOT SUBMIT doubled sided or bound documents.
DO NOT USE plastic sheets or page protectors, correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.

PLEASE NOTE: Read all the instructions included on this form carefully and complete each item requested. For additional information, please review the Certification for Alcohol and Other Drug Programs standards commencing with Section 11, which outlines the requirements for all alcohol and other drug programs certified under Chapter 7.1 (commencing with Section 11832), Part 2, Division 10.5 of the Health and Safety Code.

BUSINESS ENTITY INFORMATION

This section must be completed by all applicants.

Program Certificate Number – Enter the program certificate number.

Business Entity Name – Enter the business entity name. This should be the legal entity name as filed with the Secretary of State (SOS) as specified below:

Corporation – For a corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Incorporation.

Nonprofit Corporation – For a nonprofit corporation, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Incorporation.

Partnership or Limited Partnership (LP) – For a partnership or LP, enter the name of the partnership exactly as it is filed with the SOS on the Statement of Partnership Authority or Certificate of Limited Partnership, respectively.

Limited Liability Company (LLC) – For a LLC, enter the name exactly as it is filed with the SOS and as it appears on the entity's Articles of Organization.

Sole Proprietor – For a sole proprietor, enter the full legal name of the sole proprietor.

Governmental Agency – For a governmental agency, enter the name of the governmental agency.

If the business entity has filed any of the above-mentioned documents with the SOS, you can look up your business entity's name on the SOS website at: https://www.sos.ca.gov/. The business entity's status with the SOS must remain valid and active.

Program Name – Enter the name of the program. Do not include the business entity name in this box unless the program name is the same as the business entity name. Do not include the words or abbreviation for "Doing Business As," unless you intend to use those words or the abbreviation in the program's name.

Program Street Address – Enter the physical street address of the program.

Room/Suite – Enter the room or suite number of the program. If not applicable, enter N/A.

City – Enter the city of the program.

State – This field is pre-filled to California. The Department only certifies programs physically located in California.

Zip Code – Enter the zip code of the program.

Business Entity Website Address – If the business entity has a website, enter the business entity's website address. If not applicable, enter N/A.

Program Website Address – If the program has a website (that is different from the business entity website), enter the program website address. If not applicable, enter N/A.

Program Email Address – Enter the program email address.

Administrative/Corporate Mailing Address – Enter the business entity's mailing address. A post office box or commercial box may be used as an administrative/corporate mailing address. If not applicable, enter N/A.

Room/Suite – Enter the room/suite number of the administrative/corporate mailing address. If not applicable, enter N/A.

City – Enter the city of the administrative/corporate mailing address.

State – Enter the state of the administrative/corporate mailing address.

Zip Code – Enter the zip code of the administrative/corporate mailing address.

Slot Count – Enter the maximum number of individuals who can receive AOD services at the program at any given time on any given day.

CONTACT PERSON INFORMATION

Enter the contact information of the person you want the Department to contact regarding this application.

Name – Enter the first and last name of the contact person.

Title – Enter the title or position of the contact person (i.e., program director, executive director, etc.).

Salutation – Enter the salutation of the contact person (i.e., Mr., Mrs., Dr., etc.).

Business Phone Number – Enter the business phone number of the contact person, including an extension, if any.

Business Email Address – Enter the business email address of the contact person.

PROGRAM DIRECTOR INFORMATION

Name – Enter the first and last name of the program director.

Business Phone Number – Enter the business phone number of the program director, including an extension, if any.

Business Email Address – Enter the business email address of the program director.

Has there been a change in program director, designated agent, or contact person since your current certification was issued?

If yes, check "Yes," and submit the Program Director Information form DHCS 5082 or Designation of Administrative Responsibility form DHCS 5085, as applicable. If not, check "No."

FIRE AUTHORITY INFORMATION

Name – Enter the first and last name of the local fire authority for where the program is located.

Business Phone Number – Enter the business phone number of the local fire authority.

Fax Number – Enter the fax number of the local fire authority.

Address – Enter the address of the local fire authority.

City – Enter the city of the local fire authority.

State – Enter the state of the local fire authority.

Zip Code – Enter the zip code of the local fire authority.

Issuance date of current fire clearance – Enter the date the current fire clearance was issued. The fire clearance must be within five years from the date of issuance. The application for certification extension may be delayed if the Department needs to submit a new fire clearance request to the fire authority.

WRITTEN POLICIES AND PROCEDURES (OPTIONAL)

Are there additional or updated written policies and procedures that you would like to submit for Department review in accordance with Certification for Alcohol and Other Drug Programs standards, Section 34.5?

If yes, check "Yes." If not, check "No." If you check 'Yes," please list the new or updated written policies and procedures being submitted.

DECLARATION

This section must be completed by all applicants.

Read the declaration carefully before signing the application. The application must be signed by an authorized individual.

If the applicant applying is a corporation of any type, submit a board of director's resolution or board minutes granting authorization to the person signing the application.

If the applicant applying is a public agency, submit authorization from the agency, department administrator, or the County Board of Supervisors, for the person signing the application.

If the applicant applying is a partnership, the application must be signed by all partners.

If the applicant applying is a sole proprietor, the application must be signed by the sole proprietor.

Print Name – Enter the first and last name of the individual signing the form.

Title – Enter the title of the individual signing the form.

Signature – Sign the form.

Date – Enter the date that the form is signed.

SUPPORTING DOCUMENTATION & DESCRIPTIONS

The supporting documentation as listed below shall be submitted with the Application for Certification Renewal form DHCS 6043 as part of a completed application.

1. Staff and Health Care Practitioner (HCP) Information (DHCS 5050).
2. Schedule of Recovery and Treatment Services (DHCS 5086).
3. Disclosure to Department of Health Care Services (DHCS) (DHCS 5140).
4. Program Director Information (DHCS 5082), if applicable.
5. Designation of Administrative Responsibility (DHCS 5085), if applicable – If there has been a change to the designated agent or contact person, please submit a new Designation of Administrative Responsibility form.

BUSINESS ENTITY INFORMATION		
Program Certificate Number:		
Business Entity Name:		
Program Name:		
Program Street Address:		Room/Suite:
City:	State: CALIFORNIA	Zip Code:
Business Entity Website Address:		
Program Website Address:	Program Email Address:	
Administrative/Corporate Mailing Street Address:		Room/Suite:
City:	State:	Zip Code:
Slot Count:		

CONTACT PERSON INFORMATION		
Name:	Title:	Salutation:
Business Phone Number:	Business Email Address:	

PROGRAM DIRECTOR INFORMATION	
Name:	
Business Phone Number:	Business Email Address:

Has there been a change in program director, designated agent, or contact person since your current certification was issued? ☐ Yes ☐ No

FIRE AUTHORITY INFORMATION		
Name:	Business Phone Number:	Fax Number:
Street Address:		
City:	State:	Zip Code:
Issuance date of current fire clearance**:**		

WRITTEN POLICIES AND PROCEDURES (OPTIONAL)
Are there additional or updated written policies and procedures that you would like to submit for Department review in accordance with the Certification for Alcohol and Other Drug Programs standards, Section 34.5? ☐ Yes ☐ No
If "Yes," please list the additional or updated written policies and procedures being submitted:

DECLARATION	
I declare under penalty of perjury under the laws of the State of California that the foregoing information and any attachment is true, accurate, and complete to the best of my knowledge and belief. I hereby further declare that I will comply with the statutes and regulations that govern the operation of this facility or program. I declare that I am authorized to sign this form.	
Print Name:	Title:
Signature:	Date:

PRIVACY NOTICE ON COLLECTION

The purpose of this form is to collect information for licensure or certification of residential alcoholism and drug abuse recovery or treatment facilities or treatment program. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Licensing and Certification Section by the authority of Health and Safety Code, Section 11834.01 et seq. and California Code of Regulations, Title 9, Division 4, Chapter 5 and the Certification for Alcohol and Other Drug Programs standards. The personal information collected in this form is confidential and protected by the Information Practices Act (California Civil Code 1798, et seq.), Department policy, and state policy.

All information requested in this form is mandatory. The consequence of not supplying the mandatory information requested or supplying incomplete information is that review of the application shall be terminated. The Department may share provided information with other state agencies to perform its constitutional or statutory duties where the use is compatible with a purpose for which the information was collected. The Department may also share information with local, state, or federal government entities if required by state or federal law. Please do not provide any personal information other than the information that is specifically requested in this form.

In most cases, individuals have a right to access information about them that is in federal and state records. For more information or access to records containing your personal information maintained by the Department, contact the following:

Licensing and Certification Division
SUD Licensing and Certification Section
PO Box 997413, MS 2600
Sacramento, California 95899-7413
Tel: (916) 322-2911
Email: LCDQuestions@dhcs.ca.gov

Return completed form to email address: LCDSUDApplication@dhcs.ca.gov.

The Department of Health Care Services' policies regarding personal information are available online in the Department's Notice of Privacy Practices (https://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/NoticeofPrivacyPractices.aspx) and the Privacy Policy Statement (https://www.dhcs.ca.gov/pages/privacy.aspx).