PROGRAM DIRECTOR INFORMATION

INSTRUCTIONS FOR COMPLETION OF THIS FORM

Return completed form to the address below:

Licensing and Certification Division
Licensing and Certification Section, MS 2600
PO Box 997413
Sacramento, California 95899-7413
Email: LCDQuestions@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:
This 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 regarding licensure of a residential alcoholism or drug abuse recovery or treatment facility providing alcoholism or drug abuse treatment or recovery services, please review Health and Safety Code section 11834.01 *et seq.* For additional information regarding the certification of an alcohol and other drug program providing alcohol and other drug (AOD) services, please review Health and Safety Code section 11832 *et seq.* This form can be used for licensure of a residential alcoholism or drug abuse recovery or treatment facility and/or certification of an alcohol and other drug program. Accordingly, terminology applicable for licensure (including “resident” and “facility”) and terminology applicable for certification (including “client” and “program”) are both referenced within this form.

PROGRAM DIRECTOR INFORMATION

Enter information for the program director, who is the individual responsible for the overall management of a residential alcoholism or drug abuse recovery or treatment facility, or an alcohol and other drug program.

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

Title – This field is pre-filled to Program Director. This form should be used to report information for 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.

Facility/Program Name – Enter the name of the facility or program. Do not include the business entity name in this box unless the facility or 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 facility or program name.

Facility/Program Street Address – Enter the physical street address of the facility or program.

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

City – Enter the city of the facility or program.

State – This field is pre-filled to California. The Department only licenses facilities and/or certifies programs physically located in California.

Zip Code – Enter the zip code of the facility or program.

Other name(s) used by program director – Enter the other names used by the program director. If not applicable, enter N/A.

Are you reporting a change of program director? – If you are reporting a change of program director, please select "YES." If not, select "NO."

If yes, enter name of the previous program director – Enter the first and last name of the previously reported program director. If not applicable, enter N/A.

Effective date of change – Enter the date the new program director assumed responsibility for the overall management of the residential alcoholism or drug abuse recovery or treatment facility or alcohol and other drug program. If not applicable, enter N/A.

Do you have a professional license or certificate? – If you have a professional license or certificate, please select "YES." If not, select "NO."

If yes, complete the following:

Type – Enter the license or certificate type.

Period Held – Enter the timeframe for which the license or certificate has been held.

Issuing Organization – Enter the name of the organization that issues the license or certificate, as appropriate. Issuing organizations include the following:

- Physician – Medical Board of California or Osteopathic Medical Board of California;
- Psychologist – Board of Psychology;
- Nurse practitioner or registered nurse – California Board of Registered Nursing;
- Physician assistant – Physician Assistant Board; or
- Licensed clinical social worker or a marriage and family therapist – California Board of Behavioral Sciences.

License or Certificate Number – Enter the license or certificate number, as appropriate.

DECLARATION

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

Title – *This field has been pre-filled by the Department to reflect that the form must be signed by the program director.*

Signature – Program director's signature.

Date – Enter the date that the form is signed by the program director.

PROGRAM DIRECTOR INFORMATION		
Name:	Title: Program Director	
Business Phone Number:	Business Email Address:	
Facility/Program Name:		
Facility/Program Street Address:		Room/Suite
City:	State: California	Zip Code:
Other name(s) used by program director:		
Are you reporting a change of program director? ☐ Yes ☐ No		
If yes, enter the name of the previous program director:		
Effective date of change:		
Do you have a professional license or certificate? ☐ Yes ☐ No If yes, complete the following:		

Type	Period Held	Issuing Organization	License or Certificate Number

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, regulations and standards that govern the operation of this facility or program. I declare that I am authorized to sign this application.	
Print Name:	Title: Program Director
Signature:	Date:

PRIVACY NOTICE ON COLLECTION

The purpose of this form is to collect information for licensure and/or certification of residential alcoholism and drug abuse recovery or treatment facilities, or certification of alcohol and other drug programs. The information collected in this form is required by the Department of Health Care Services (Department), Licensing and Certification Division, Substance Use Disorder Licensing and Certification Section by the authority of Health and Safety Code, Sections 11832 et seq. and 11834.01 et seq. 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
Section Officer of the Day
Licensing and Certification Section, MS 2600
PO Box 997413
Sacramento, California 95899-7413
Tel: (916) 322-2911

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).