

I. I have enclosed the following:

1. A fee (check or money order) payable to the Oklahoma Department of Mental Health and Substance Abuse Services in the amount of \$300.00
2. Copies of the following required information:
 - (a) Current and approved fire inspection from the state or local Fire Marshal or local fire department for each site/satellite location
 - (b) Organizational Chart with names and positions delineated
 - (c) List of Board Members, including addresses and phone numbers, and Certificate of Incorporation
 - (d) Program Description, including # of beds if allocated to CBSCC
 - (e) Proposed curriculum for training in non-violent interventions
[See OAC 450:17-21-3 (d)]

J. I hereby request the ODMHSAS accept the national accreditation by JCAHO/CARF/COA/AOA as meeting certain specific ODMHSAS standards as identified by the ODMHSAS. Documentation is submitted of the most recent accreditation survey, including survey reports of all visits by the accrediting organization, any reports of subsequent actions initiated by the accrediting organization, plans of correction, and the dates for which the accreditation has been granted.

K. I hereby assure that the requesting agency operates without discrimination as to race, color, gender, religion, age, degree of disability, handicapping condition, veteran status, or ethnic origin.

L. I acknowledge that the granting of certification by ODMHSAS is not a commitment from ODMHSAS to contract with this organization.

M. ***I acknowledge that my agency's certification review will be conducted under the ODMHSAS Standards and Criteria, effective July 11, 2008.***

(Date)

(Signature of Authorized Program Official)

Mission: To Promote Healthy Communities and Provide the Highest Quality Care to Enhance the Well-Being of all Oklahomans
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