Back

Oklahoma Department of Mental Health
and Substance Abuse Services

APPLICATION FOR CERTIFICATION OF
COMMUNITY- BASED STRUCTURED CRISIS CENTERS (CBSCC)

A. _____
(Legal Name of Organization) (Director)

B. _____
(Administrative/Mailing Address)

C. _____
(Physical Address)

Directions to facility: _____

D. Phone Number: _____ Fax Number:_____

E-mail: _____

E. Initial Application ___ Renewal Application ___

F. 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 required information:

___ (a) Organizational Chart with names and positions delineated
___ (b) List of Board Members (including addresses and phone numbers), Bylaws and Articles of Incorporation
___ (c) Program Description
___ (d) Current and approved fire inspection from the state or local Fire Marshal or local fire department
___(e) Proposed curriculum for training in non-violent interventions [See OAC 450:23-19-3 (e)]

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

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

I. ***I acknowledge that my agency's certification review will be conducted under the ODMHSAS Standards and Criteria, effective July 1, 2008.***

_____ _____
(Date) (Signature of Authorized Program Official)

f:\auditdoc\cbscc\appl.2008 (revised 7-08)