APPENDIX A12

SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) PREVENTION CERTIFICATION APPLICATION

| Agency Name: | | | |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------|------------------|
| Mailing Address: | | | |
| Mailing Address: Street/P.O. Box | City | | Zip Code |
| Site Address: | | | |
| Site Address: Street/P.O. Box | City | | Zip Code |
| Telephone Number: | Fax Number: | | |
| Email: | | *************************************** | |
| Program Director's Name: | | | |
| Program Director's Signature: | | Date: | **** |
| Application approval by: | | | |
| Program Operator or Authorized Represer | ntative's Name: | | |
| - | | ¥ [©] | |
| Signature: | D | ate: | |
| These signatures verify the program and its operations including, if applicable: 42 CFR, Part 2, and HIPAA 4 | are in compliance w 5 CFR, Parts 160, 10 | ith all applicable state 52 & 164. | and federal laws |
| Check appropriate box: | | | |
| | Certification | Re-certification | |
| Coalition | | | |
| Coalition Sub-recipient | | | |
| Administrative Program | | | |
| Non-Funded Nevada Administrative Codes 458 and the Neva | | | 1 |
| The non-refundable certification fee is \$100 to address below. | 0.00. Make chec | | |
| | SAPTA | | |
| | Minden Hall | | |
| | logy Way, 2 nd Flo | oor | |
| | City, NV 89706 | | |
| Phone: 775-684-41 | 190 Fax: 775-6 | 34-4185 | |
| Agen | cy Use Only | | |
| Date Application Received: | | | |
| Date Payment Received: | | | |
| Date Check Cleared: | | | |