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

Agency Name:				
Mailing Address:				
Street/P.O. Box	City		Zip C	Code
Site Address:				
Street/P.O. Box	City		Zip C	Code
Telephone Number:	Fax	Number:		
Email:				
Program Director's Name:				
Program Director's Signature:	or's Signature: Date:			
Application approval by:				
Program Operator or Authorized Representative's Name:				
Signature:		Date:		
These signatures verify the program and its operatincluding, if applicable: 42 CFR, Part 2, and HIP.				deral laws
Check appropriate box:				
		Certification	Re-certification]
Coalition				
Sub-recipient of:				
Administrative Program				
Non-runded				
Nevada Administrative Codes 458 and the Nevada Revised Statutes 458 establish certification standards. The non-refundable certification fee is \$100.00. Make checks payable to SAPTA and mail to address below.				
	SAPTA			
4126 Technology Way, 2 nd Floor Carson City, NV 89706				
Phone: 775-68	4-4190 Fax:	775-684-4185		
Agency Use Only				
Check Number: Check Number:	eck Amount:		Date Cleared:	
Current Expiration Date:				
New Expiration Date:				