APPENDIX C15a

Detoxification Technicians

Several years ago, regulations for the certification of Detoxification Technicians were to be adopted by the Board of Examiner's for Alcohol, Drug, and Grambling Counselors, as referenced in NRS 458.025. The Board of Examiners has not yet adopted these regulations. Therefore, the Substance Abuse Prevention and Treatment Agency (SAPTA) is responsible for individuals applying for these positions, maintaining a data base, and establishing the requirements for continued education for persons certified as Detoxification Technicians.

Every Detoxification Technician is required to send a copy to the SAPTA office of their current training certification for the *Principles of Detoxification Enhanced* with a completed and signed application. New hires or individual's whose training was completed two years ago, must submit new training certifications with a $25.00 application fee. Upon receipt of the requested information a certification as a Detoxification Technician based on the training completion date will be sent to the individual for their personnel file.

The following pages provide the application for certification as a Detoxification Technician.

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director

STATE OF NEVADA

HAROLD COOK, Ph.D.
Administrator

JANE GRUNER
Deputy Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MENTAL HEALTH & DEVELOPMENTAL SERVICES
SUBSTANCE ABUSE PREVENTION & TREATMENT AGENCY
4126 Technology Way, 2nd Floor
Carson City, NV 89706
(775) 684-4190 • FAX (775) 684-4185

Date: _____

Dear: **Applicant or Renewal for Detoxification Tech**

Your Detoxification Tech certificate expires on _____.

To apply or renew your certificate, return this completed document and a copy of your completion certificate of ***Principles of Detoxification Enhanced*** coursework or approved training under NAC 449.1214, with the appropriate fee of **$25.00**.

Submit copy of CPR card, if applicable per your facility policy.

The completed new or renewal application and check made out to the Substance Abuse Prevention and Treatment Agency (SAPTA) should be sent to the address listed above before your expiration date. **Your certification is valid for two years.**

Please complete the information requested below:

Name: _____ Social Security#: _____
Phone Number: _____
Mailing Address: _____
City: _____
State: _____ Zip: _____
E-mail Address: _____

Please provide SAPTA with the following:

Employer Name: _____ Phone: _____
Employer Address: _____
City: _____
State: _____ Zip:_____
Employer Fax: _____

Note: Failure to return the completed form, training certificate and fees **by the due date** will result in **a late fee of $25.00** and your certification will be void.

In order to provide child support information, FEDERAL LAW REQUIRES YOU TO CHECK ONE OF THE FOLLOWING:

_____ I am not subject to a court order for the support of a child.

_____ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

_____ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

I certify under penalty of perjury that all information on this form is true and correct.

SIGNATURE: _____

DATE: _____

Note: It is the responsibility of each individual to notify SAPTA in writing of a change of address, employment, or name within 10 days after the change.