

**SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY  
APPLICATION FOR STATE CERTIFICATION CHECKLIST**

Return completed application packet and payment to:  
SAPTA, 4126 Technology Way, Second Floor, Carson City, NV 89706

Program Name: \_\_\_\_\_  
Executive Director: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

By initialing below, please indicate whether these required items are included in your application packet or not applicable to your program. Separate geographical locations will require a separate application form and separate check.

\_\_\_\_\_ Completed and signed certification application

\_\_\_\_\_ Certification fee made payable to SAPTA

Documentation evidencing the authority of the program operator to do business in the State of Nevada (e.g. Articles of Incorporation, Articles of Organization, business license, etc.)

- State filed Articles of Incorporation/Organization
- Current business license
- List of all other names used by the program and any current DBA filings

\_\_\_\_\_ Governing Board Bylaws/Operating Agreement and latest meeting minutes, if applicable

\_\_\_\_\_ Proof of general liability insurance

\_\_\_\_\_ Proof of professional liability insurance for provider staff and contract staff

\_\_\_\_\_ One electronic copy of the program's current policies and procedures manual

\_\_\_\_\_ Personnel list with name, date of hire, and a copy of the professional certification/license for each clinical staff member

\_\_\_\_\_ Accreditations, licenses, and regulatory reports from other government agencies, if applicable

\_\_\_\_\_ Plan for management and improvement of the quality of service, if separate from policy and procedures manual; note page number if included in policy and procedures manual

\_\_\_\_\_ Verification of a written statement signed by the operator of the service assuring that the service promotes a message to minors not to use alcohol, tobacco or illicit substances (***Prevention applicants only***)

Organizations applying for State Certification are encouraged to review and be in compliance with the regulations in [NAC Chapter 458](#). **Separate geographical locations will require a separate application form and separate check.** Return completed application, payment, and supporting documentation to SAPTA for processing. Incomplete applications and/or payments will be returned to the applicant. All levels of service adhere to the treatment criteria for addictive, substance-related, and co-occurring conditions as defined by the Division Criteria/[American Society of Addiction Medicine \(ASAM\)](#).