New York State Office of Alcoholism and Substance Abuse Services (OASAS)
Screening, Brief Intervention and Referral to Treatment (SBIRT) Training Provider Certification Application

PART A – SBIRT TRAINING PROVIDER INFORMATION
(Information Must Be Legible)

SBIRT TRAINING PROVIDER INFORMATION

SBIRT TRAINING PROVIDER NAME:	
SBIRT TRAINING PROVIDER ADDRESS: Can this information be released to the public? ☐Yes ☐No	COUNTY
NAME OF AUTHORIZED REPRESENTATIVE(S)	TITLE OF AUTHORIZED REPRESENTATIVE(S)
NAME OF CONTACT PERSON	TITLE OF CONTACT PERSON
CONTACT PERSON TELEPHONE # / EMAIL ADDRESS/WEBSITE ADDRESS	CONTACT PERSON FAX NO.

MODALITY AREA (CHECK ONE)

- ☐ ACADEMIC INSTITUTION
- ☐ EDUCATION AND TRAINING ORGANIZATION
- ☐ IN-SERVICE
- ☐ CONFERENCES AND OTHER SPECIAL EVENTS
- ☐ QUALIFIED TRAINER
- ☐ DISTANCE LEARNING
- ☐ OASAS CERTIFIED TREATMENT/PREVENTION SERVICE PROVIDER
- ☐ DOH CERTIFIED PROVIDER (PLEASE IDENTIFY): _____
- ☐ OTHER NYS CERTIFIED PROVIDER (PLEASE IDENTIFY: _____

☐ New Applicant ☐ Add New Coursework/Training ☐ 4 hour SBIRT Training ☐ 12 hour SBIRT Training

SBIRT TRAINING PROVIDER CERTIFICATION AGREEMENT

OASAS Certified SBIRT Training Providers must comply with the following:

1. Develop, provide and maintain a quality level of education and training consistent with the information presented in the Application.
2. Submit for OASAS review and approval, amended and/or new course work/training associated with the SBIRT Certification.
3. Inform OASAS of changes in Authorized Representative; SBIRT Training Provider Name; and contact information.
4. Inform OASAS of approved instructor changes and submit qualifications of the new instructors by completing and submitting Instructor Qualifications Form.
5. OASAS staff compliance visits to monitor education and training programs.
6. Maintain sign-in sheets, to include: name of training; name of instructor(s); names and signatures of participants; and date(s) and location of training, on file for each training delivered. **Submit electronically to OASAS within 30 days of completion of training the names and required demographic information of all participants**.
7. Submit evaluations and/or other materials, as requested by OASAS.
8. Periodic reviews of curricula materials. Curricula materials must be up-to-date and consistent with current research.
9. Agree to not knowingly misrepresent the purpose or limitations of provider certification to participants and/or the general public.
10. Register on the Provider Scheduling System of the OASAS On-Line Training Catalog and schedule all trainings to include relevant information (i.e., location, time, cost, etc.)
11. The ***OASAS Standardized Certificate of Completion*** will be issued to participants as documentation of successful completion of course work/training.
12. In order to add new course work/training under your certification, you must submit an application to OASAS for review and approval. The OASAS Standardized *Certificate of Completion* must not be issued until OASAS has reviewed your application and approved your request in writing.

If an organization/qualified trainer that has been granted an OASAS SBIRT Certification is found to be in non-compliance with these prescribed standards, OASAS reserves the right to rescind an organization's/qualified trainer's certification. Such notice shall be in writing from OASAS to the provider. In such event, the provider will have the opportunity to submit a written corrective action plan to address identified deficiencies. Upon satisfactory review of the corrective action plan, the SBIRT Training Provider Certification status may be restored to the organization/qualified trainer.
If an SBIRT Certification for an organization/qualified trainer is terminated, the organization/qualified trainer will have the opportunity to submit a new SBIRT Training Provider Certification Application for OASAS consideration, after one year.

I agree to abide by the above-stated requirements and understand that these are the conditions under which provider certification is granted.

SIGNATURE OF AUTHORIZED REPRESENTATIVE (REQUIRED)	DATE
SIGNATURE OF CONTACT PERSON (REQUIRED)	DATE