

# DIRECTORY CHANGE FORM

PLEASE USE THIS FORM TO SUBMIT CHANGES TO THE DIRECTORY OF CERTIFIED CHEMICAL DEPENDENCY SERVICES IN WASHINGTON STATE. This form is available on our website:

<http://www.dshs.wa.gov/DASA/services/certification/Directory/Directory.shtml>.

**IF THE CHANGE IS RELATED TO AN AGENCY, PLEASE RESPOND BELOW:**

Agency Name: \_\_\_\_\_ Agency Director #: \_\_\_\_\_  
 Agency Name Line 2: \_\_\_\_\_

**OLD INFORMATION:**

**NEW INFORMATION:**


E-mail Address: \_\_\_\_\_

Webpage: \_\_\_\_\_

**IF THE CHANGE IS RELATED TO AN APPENDIX OR OTHER AREA, PLEASE RESPOND BELOW:**

Appendix #: \_\_\_\_\_ Page #: \_\_\_\_\_ Appendix Name: \_\_\_\_\_

**OLD INFORMATION:**

**NEW INFORMATION:**


Person submitting change: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date: \_\_\_\_\_ Do you want the e-mail listed in the Directory? yes no

**MAIL DIRECTORY CHANGE FORM TO:**

CERTIFICATION SECTION  
 DIVISION OF BEHAVIORAL HEALTH AND RECOVERY  
 POST OFFICE BOX 45330 (MS: 45330)  
 OLYMPIA, WASHINGTON 98504-5330  
 FAX: 360-586-0343      Questions, call 360-725-3703 or 725-3728, Toll free 1-877-301-4557  
 E-MAIL: [finejk@dshs.wa.gov](mailto:finejk@dshs.wa.gov)

RCVD INITIALS \_\_\_\_\_  
 Ok for Data Entry \_\_\_\_\_  
 DATE: \_\_\_\_\_

**DBHR OFFICE USE ONLY:**

Date change entered: \_\_\_\_\_  FacilityEdit Initials: \_\_\_\_\_

ISATS  E-mail Excel  Appendix #

Copies distributed to: \_\_\_\_\_  
 Date \_\_\_\_\_  
 Initials \_\_\_\_\_

- Region #\_\_ Administrator \_\_\_\_\_
- Region #\_\_ Treatment Mgr \_\_\_\_\_
- Region #\_\_ Cert. Specialist \_\_\_\_\_
- Cert. Provider Request Mgr Renee Anderson
- Appendix Owner \_\_\_\_\_
- Appendix Owner \_\_\_\_\_
- Other \_\_\_\_\_
- Contracts Phil Thompson
- MIS (closures only) \_\_\_\_\_
- Original to Agency Certification File \_\_\_\_\_

QA by: \_\_\_\_\_ Date \_\_\_\_\_ Manager's initials: \_\_\_\_\_ Date \_\_\_\_\_