

**CERTIFIED CHEMICAL DEPENDENCY SERVICE PROVIDER
ADMINISTRATOR CHANGE NOTIFICATION FORM**

- Washington Administrative Code (WAC) 388-805-140(2) requires the governing body to maintain a current job description for the administrator including the administrator's authority and duties.
- WAC 388-805-140(4) requires the governing body of a state certified chemical dependency service provider to notify the department (Division of Alcohol and Substance Abuse) within 30 (thirty) days of a change in the agency administrator.

Agency Number:

Agency Name:

Note: If the person named below is being appointed as administrator to more than one certified facility, then attach a list of all facility names and numbers the person will administer.

Person appointed as administrator for the above listed agency, and agencies on attached list, when applicable:

New Administrator's name:

Administrator's Title:

Date Appointed:

Administrator's e-mail:

Administrator's Telephone:

INSTRUCTIONS: Return this signed form with:

1. **A copy of the results of a criminal background check that has been completed by the Washington State Patrol within the last 365 days on the person appointed.**
2. **A copy of the job description signed by the appointed administrator.**

Submit these items within 30 days of the Administrator's appointment to:

Certification Section Provider Request Manager
Division of Alcohol and Substance Abuse (DASA) HRSA/DSHS
Post Office Box 45330 (MS: 45330)
Olympia, Washington 98504-5330
Fax: (360) 586-0343

Note: Changes will be made to our records within 30 days of receipt, review, and approval of the Administrator Change Notification Form. Governing bodies should be aware that if an appointed administrator has a criminal history or other disqualifying conditions (see WAC 388-805-065) it may delay the approval process or result in a finding of administrator disqualification.

If you have any questions or concerns, contact the Certification Section Provider Request Manager by calling DASA toll-free at 1-877-301-4557 or (360) 725-3728 or e-mail anderrd@dshs.wa.gov.

Printed Name of Person Submitting Form:

Title:

Signature:

Date Signed:

Mailing Address:

Telephone: ()

Fax:

E-mail: