

Co-Occuring Disorder Specialist Enchancement Training Program Application Application Packet Contents:

| 1. | 505-161 Contents List and Mailing Information |
|----|---|
| 2. | 505-162 Application Instructions Checklist |
| 3. | 505-163Co-Occurring Disorder Specialist Enhancement |
| 4. | RCW/WAC and Online Website Links |

Important Information:

Mail your application and other documents to:

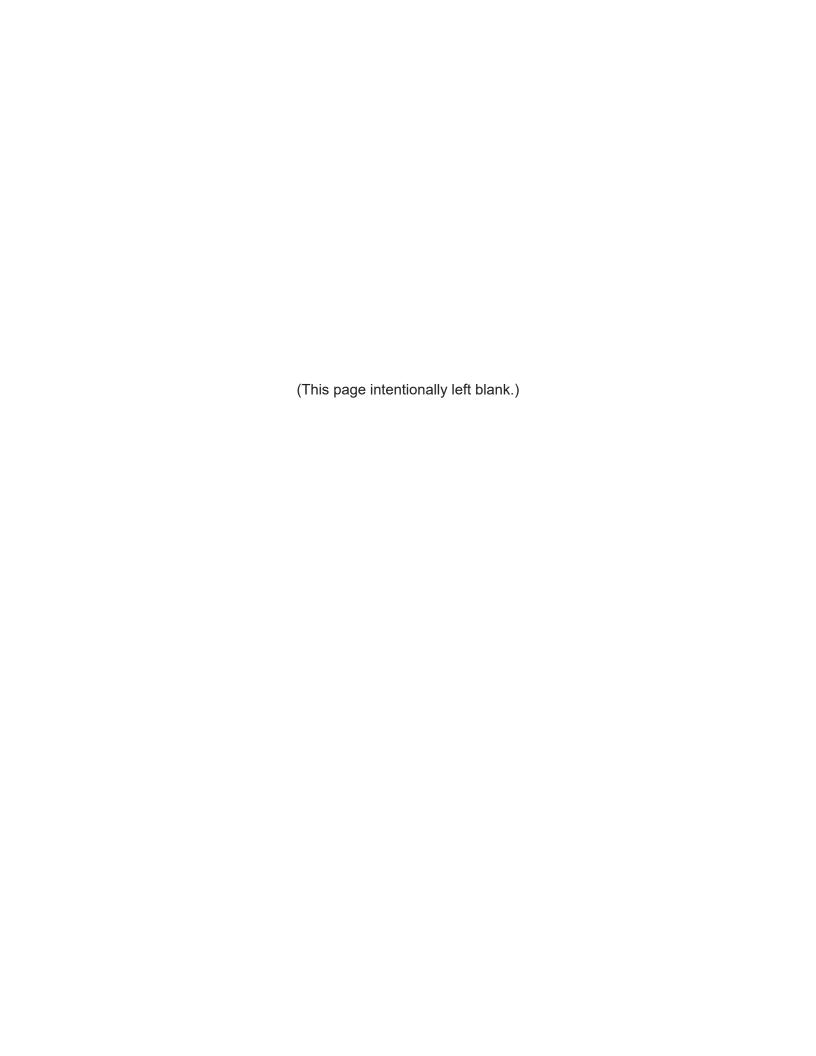
Co-Occurring Disorder Specialist Enhancement
Training Program

PO Box 47877

Olympia, WA 98504-7877

Contact us:

360-236-4700



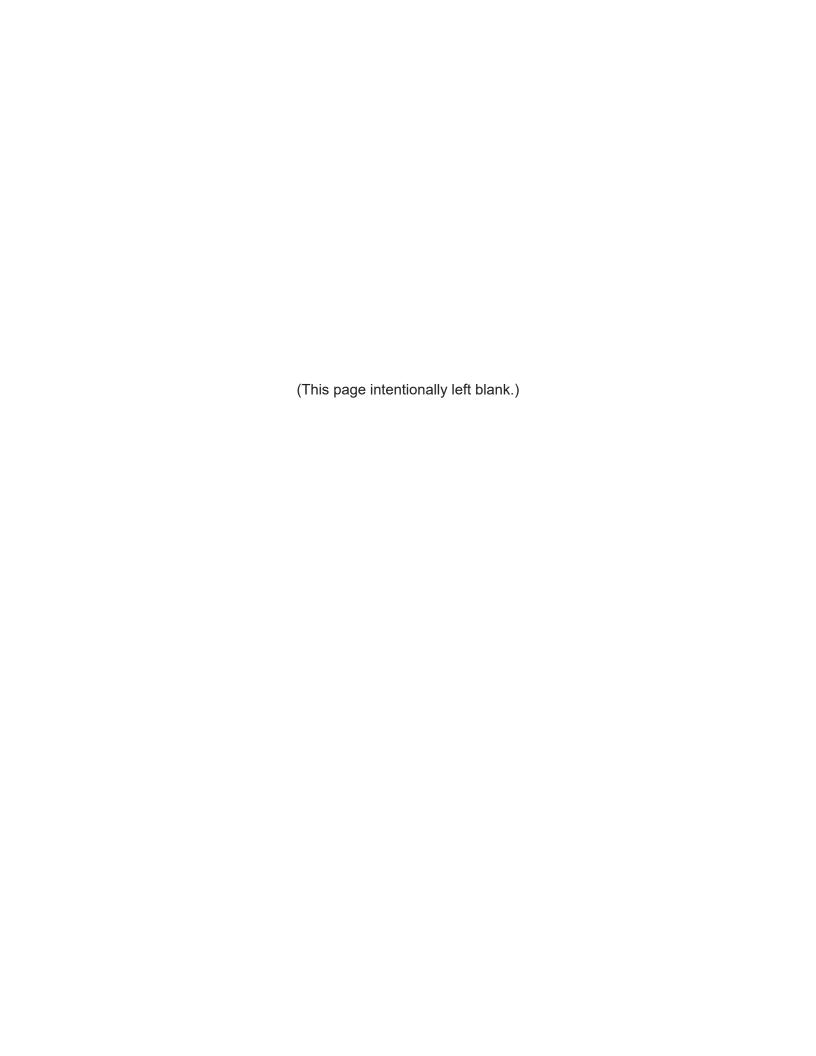


Application Checklist and Instructions

When the department receives your application for approval as a Co-Occurring Disorder Specialist Enhancement Training Program it will be reviewed. You will be notified in writing of any outstanding documentation needed to complete the process.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the required forms. Check One: Please check your legal owner/operator business structure type according to your Washington State Master Business License. 1. Demographic Information: Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one. **Legal Owner/Operator Entity Name**: List the legal name of the school, program or other entity. **Mailing Address**: Enter the training program's complete mailing address. Name of School or Program: Enter the name of the school or program as it appears on advertised signs, brochures, etc. **Physical Address**: Enter the training program's complete physical address. Mailing Address: Enter the training program's complete mailing address, if different from the physical address. **Phone and Fax Numbers**: Enter the training program's phone and fax numbers. **Web Address**: Enter the training program's web addresses, if applicable. 2. Contact Information: List the name, title, phone number and email address of the person that can be contacted about your application. 3. Applicant's Attestation: You must sign and date this for us to process the application. address. **Required Supplemental Documents**

Please include documentation of training standards per <u>RCW 18.205.105</u>





Date Stamp Here

| Co-Occurring Disorder Specialist Enhancement Training Program Application | | | | | | | | | |
|---|------------------------|-----------|-----------------------------|----------|----------------------------|--|--|--|--|
| Check One | | | | | | | | | |
| ☐ Association | Limited F | Partners | ship | | ☐ Sole Proprietor | | | | |
| ☐ Corporation | ☐ Municipa | lity (Cit | y) | | ☐ State Government Agency | | | | |
| ☐ Federal Government Agency | ☐ Municipality (County | | | | ☐ Tribal Government Agency | | | | |
| ☐ Limited Liability Company | | | | | ☐ Trust | | | | |
| ☐ Limited Liability Partnership | ☐ Partnership | | | | | | | | |
| 1. Demographic Information | | | | | | | | | |
| UBI# | | | Federal Tax ID (FEIN) # | | | | | | |
| Legal Owner/Operator Entity Name | | | | | | | | | |
| Mailing Address | | | | | | | | | |
| City | | State | | Zip Code | County | | | | |
| Name of School or Program | | | | | | | | | |
| Physical Address | | | | | | | | | |
| City | | State | | Zip Code | County | | | | |
| Mailing Address (if different from physical) | | | | | | | | | |
| City | | State | | Zip Code | County | | | | |
| Phone (enter 10 digit number) | | | Fax (enter 10 digit number) | | | | | | |
| Web Address | | | | | | | | | |

DOH 505-163 September 2021 Page 1 of 2

| 2. Contact Information | | | | | | |
|---|-------------------|--|--|--|--|--|
| Name | Title | | | | | |
| Phone Number | Email Address | | | | | |
| 3. Signature | | | | | | |
| I, representing Name of Authorized Representative | Name of Program | | | | | |
| attest that the training meets the training provider requirements outlined in RCW 18.205.105. | | | | | | |
| Signature of Authorized Representative | Date (mm/dd/yyyy) | | | | | |

DOH 505-163 September 2021 Page 2 of 2



RCW/WAC and Online Website Links

RCW Links

Co-Occurring Disorder Specialist Enhancement - Training Standards 18.205.105 RCW

Online

Web Page