

IN THE DISTRICT COURT OF JOHNSON COUNTY, KANSAS
OFFICE OF CHIEF JUDGE

APPLICATION FOR:

- ADSAP CERTIFICATION
- RE-CERTIFICATION; OR (Check the appropriate box)
- ANNUAL REPORT

Date of submission _____

1. Program Name _____

2. Program Administrator _____

3. Program Addresses and Telephone Numbers:

A. _____

B. _____

C. _____

4. State whether the Program is sole proprietorship, d/b/a, partnership or corporation.

5. State whether the Program offers treatment or whether anyone with an ownership interest in the Program has an interest in any other program offering treatment. If so, identify the program and the ownership interest. _____

6. Names of Evaluators. (Attach documentation consisting of legible copies of current KAAP or BSRB certificates.)

A. Name _____
KS KAAP Certification No. _____ Exp. Date _____
KS BSRB Registration No. _____ Exp. Date _____

