

Division of Behavioral Health
DUI Program
275 East Main Street, 4-WG
Frankfort, Kentucky 40621-0001
(502) 564-9208
FAX (502) 564-9335

APPLICATION FOR DUI PROGRAM CERTIFICATION FORM

Program Information

Name: _____ Program Code: _____

DUI Program Administrator: _____

Program Mailing Address: _____

Location of Program Files: _____
(If multiple locations attach addendum) Street Address

City State Zip

Program Telephone Number: _____ FAX: _____

Contact Person(s): _____ Title: _____

- Type of Program (check appropriate block or blocks)
- Privately Owned
 - For Profit Status
 - Non-Profit Status
 - Publicly owned

Privately Owned (Please list names of owner(s)/partners: _____

Publicly Owned (List name of executive director): _____

Is this program licensed as an AODE? Yes No

License number: _____

Type of license: _____

Effective Date: _____ Expiration Date: _____

If program is not licensed have you applied? Yes No

Have you had prior DUI program certification in Kentucky? Yes No

If yes, what was the name of the previously certified program? _____

Reason for closure: _____

Applicant's Statement

This is to certify that I am applying for certification to operate a DUI program. The answers to the foregoing questions are complete and to the best of my knowledge. In the event information provided must be changed, **I will provide written notice of these changes to the Division of Behavioral Health** in accordance with administrative regulation 908 KAR 1:310. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for DUI program certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional rules:

1. No judge, probation & parole officer, law enforcement officer, court employee, officer of the court, corrections officer or employee of the Division of Behavioral, shall be an owner, operator, or employee in this certified DUI program.
2. No owner, operator or employee of this certified DUI program shall knowingly misrepresent the policies or philosophies of the Division of Behavioral Health.
3. No owner, operator or employee of this certified DUI program shall engage in unethical practices and the owner, operator and employees shall agree to abide by the following code of ethics.

Code of Ethics

1. Maintain the highest standards of professional conduct.
2. Not discriminate against, or refuse service to an individual on the basis of age, race, size, gender, religion, national origin, disability, sexual orientation, ability to pay or color.
3. Adhere to the rules of confidentiality in accordance with federal and state regulation governing confidentiality of substance abuse clients and records.
4. Maintain awareness of and adherence to DUI administrative regulation 908 KAR 1:310.
5. Maintain a commitment to assess own personal strengths, limitation, biases, and effectiveness and strive for improvement and personal responsibility for further professional growth through further education and training.
6. Not engage in a dual relationship with a client; including a social, business, or personal association that may impair professional judgment, risk exploitation of the client, or otherwise violate a provision of the administrative regulation.
7. Advance and protect the welfare of a client and respect the rights of persons seeking DUI services.
8. Will not continue to deliver services unless a client is benefited therapeutically.
9. Will not place business considerations above the needs of the client or the clients' ability to pay for services.

In addition of these standards, adhere to all professional ethics and standards under the authority of the applicants' professional licenses or certifications.

Signature

Date

Title

For DBH Use Only

Application: Approved Denied Date: _____

Program Certification Expires: _____
 MM DD YY

Coordinator's Initials: _____
