

APPLICATION: DUI Education Provider

Completed application, documentation and copy of treatment license to be submitted at least 60 days prior to scheduling the first DUI Education class.

Program Name:

Address:

Street

City

State

Zip Code

Program Contact Information to be listed online:

Name

Phone # to be listed online

e-mail

Instructors Employed by Program:

Name	Date Certified or date to be trained	On Probation or Parole?	Convicted of a Felony or any drug/alcohol Misdemeanor in previous 3 years?

Submit the following with this completed application:

1. A brief description and purpose of agency, explanation of the agency's relationship with other components of the local DU system, i.e., courts, police, probation, parole, AA, NA, Local Substance Abuse Authority, etc. Describe the geographical area to be served.
2. Ownership and person or group responsible for agency operation.
3. Copy of current DHS Substance Abuse Treatment license.
4. Classes must be split by age- describe how this will be done. Provide a copy of class schedule.

I ASSURE THAT I/THE AGENCY WILL:

- A. Follow all Utah State DUI Education Rules.
- B. Ensure that all instructors teach only the State approved curriculum.
- C. Ensure that no instructor is on probation or parole. Ensure that no instructor has been convicted of a felony or any drug/alcohol misdemeanor in the 3 years prior to teaching. Notify the Division in writing within 30 days if any agency instructor is arrested.
- D. Ensure that all DUI Education participants have a substance use screening that indicates the need for education prior to that person attending the first class.
- E. Report the number of class participants to the Division at least once per quarter.
- F. Comply with all requirements of the State approved curriculum.

I attest to the validity of the information I am providing in this application. I agree to comply with the Department of Human Services Office of Licensing and the Division of Substance Abuse and Mental Health rules that govern the licensing and approval of DUI Education and Substance Abuse Treatment Providers. I agree to comply with all applicable local, State and Federal laws and regulations.

Signature

Date

E-mail

Phone #

Return completed application with all supporting documentation and copy of license to:

Substance Abuse Education Program Manager
Division of Substance Abuse and Mental Health
195 N. 1950 W, Second Floor
Salt Lake City, Utah 84116