

STATE OF HAWAII
DEPARTMENT OF HEALTH
ALCOHOL AND DRUG ABUSE DIVISION
KAKUHIHEWA BUILDING
601 Kamokila Boulevard, Room 360
Kapolei, Hawaii 96707
PH: (808) 692-7506
FAX: (808) 692-7521

In reply, please refer to:
File: DOH/ADAD

CSAC APPLICATION FOR DIVISION OF DRIVERS EDUCATION /INDEPENDENT ASSESSOR

NAME/TITLE:

CSAC License number and expiration date:

General Excise Tax Number (GE):

General Liability Insurance (GL):

Business Address:

Business Phone Number (number to be given to clients):

Other phone contact number (for Driver Education):

Email:

Fax:

Provided my email/fax to client (if yes specify email/fax):

Main Office Location:

Other Location(s):

Are you available at night or weekends? Yes No Upon request/availability

Assessment Fee:

Form of payment accept

Hours of Operation:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Time:	Time:	Time:	Time:	Time:	Time:	Time:

Primary Language:

Other languages (what format):

Are you familiar with ADAD's Web Infrastructure? Yes No

Do you have six (6) hours of Confidentiality Training (HIPAA and 42CFR part 2)? Yes No

Do you have six (6) hours of Substance Abuse Ethics Training?
Yes No

Are you familiar with the requirements for Drivers Education Judicial?
Yes No

How many years have you been doing assessments?

List Services Offered (assessment, Alcohol and Drug Education classes, etc)

For programs and licenses professionals: If treatment is offered (e.g. counseling sessions), is medical insurance accepted? If so, what kinds?

Any additional information you would like to provide about your business (add additional pages if needed):

I hereby acknowledge I have completely read and fully understand that as an independent assessor I shall confirm with the CSAC Code of Ethics and the statutory requirements, and that my privileges may be subject to change not confirmed to the requirements.

Signature:

Date:

Print name:

Please note: The process may take up to 4-6 weeks. Non-acceptance shall occur when failure to submit all required documents and not upholding certification renewals. ADAD may request additional information if needed. Your packet shall consist of the following:

1. Submit a list of screen and assessment tool(s)
2. A copy of your current: CSAC certificate, GE license and GL
3. Copy of your training certificates (HIPAA and 42CFR part 2 and SUD ethics)
4. Copy of your consent forms
5. Policy and procedures for Clients' Rights and Responsibilities
6. Policy for retaining records
7. Policy for clients to obtain records when requested
8. Policy on telehealth
9. Policy on infectious disease
10. Policy on cancellation(s)

You must also attend the following:

1. Attend an orientation process with ADAD and Drivers Education
2. Get trained on the STATE electronic health record system
3. Schedule a site visit

Please submit via mail to:
Alcohol and Drug Abuse Division
601 Kamokila Blvd., # 360
Kapolei, HI 96707

For inquires please email:
angela.bolan@doh.hawaii.gov
Phone: 692-7518