ASSURANCE OF COMPLIANCE

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 1871 (5-2015)

Clear Fields

ALCOHOL AND DRUG ADMINISTRATIVE RULES ARTICLE 75-09.1

I have read and, to the best of my knowledge, believe that I am in current compliance with all requirements of the North Dakota Alcohol and Drug Administrative Rules related to the alcohol and drug program(s) for which I am making license application. I further acknowledge that the Department of Human Services, Behavioral Health Division (BHD) may issue a provisional license and that full licensure will be contingent upon successful completion of a licensure review by BHD.

Name of Treatment Program

Signature of Owner or Program Administrator	Date

Please complete the Application and return to:
Behavioral Health Division
1237 West Divide Avenue, Suite 1C
Bismarck ND 58501-1208