



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
DIVISION OF BEHAVIORAL HEALTHCARE
14 Harrington Road
Cranston, RI 02920-3080

TEL: (401) 462-5686
FAX: (401) 462-6078

APPLICATION FOR THE CERTIFICATION OF ALCOHOL SERVER TRAINING PROGRAMS

Part I. Applicant Information. (Identify if the applicant is an individual, partnership or corporation)

Date:

Name of Applicant:

Business Address:

Name of Contact Person:

Mailing Address:

Phone #:

E-mail address:

State Incorporated:

Date of Incorporation:

Part II. Program Proposal Check List. The application must include the following:

- ✓ Copy of the proposed curriculum
- ✓ Copy of all audio, video, and instructional materials to be used in the program
- ✓ Copy of all printed materials that will be disseminated to program participants
- ✓ Copy of the written examination materials to be administered in the program with answer key
- ✓ Written description of testing and grading procedures and methods for safeguarding test integrity
- ✓ Sample of certification permit awarded to the participant upon successful completion of the program
- ✓ For web-based training programs, description of safeguards to verify participant identity
- ✓ **For web-based training programs, login permission with passcode for BHDDH review**
- ✓ For programs with separate modules for managers and/or off-premises sales, submit all of the relevant above-checked items that will be utilized for the modules



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Part III. Attestation

To the best of my knowledge, all information contained herein is correct and complete. I further declare my authority and responsibility to submit this application.

Signature of Applicant:

Title:

Date:

Please submit this application with all required documentation to:

Bette Ann McHugh, Sr. Public Health Promotion Specialist
RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals
Barry Hall, 3rd Floor
14 Harrington Road
Cranston, RI 02920