

## Alcohol and Other Drug Screening Specialist (ADSS) Application for Certification

### Purpose

Use this form to apply for initial ADSS certification, or for renewal of an existing ADSS certification.

Before applying, be sure you read and understand the Oregon Administrative Rules governing ADSS Services ([OAR 415-054-0461 through OAR 415-054-0570](#)).

### Instructions

Please read the application carefully and complete it in full. Attach all required documents.

### Mail your application and attachments to:

DUII Information Specialist  
OHA Health Systems Division  
500 Summer Street NE, E-86  
Salem, OR 97301-1118

### Required documents

All ADSS applications require the following documents:

- Written statement signed by the Presiding Judge or Court Administrator for the court(s) designating you to perform ADSS services;
- A copy of the front and back of your Oregon driver's license or other state-issued identification; and
- For applicants recovering from substance use disorders, documentation of continuous abstinence under independent living conditions or recovery housing for the past two years.

Applications for initial ADSS certification also require the following documents:

- Résumé and transcripts which document how you meet the minimum qualifications; and
- Three signed letters of reference from individuals in the behavioral health services field who have personal knowledge of you and can attest to your character, work habits, and qualifications.

### Applicant personal contact information

Name: \_\_\_\_\_

Personal email address: \_\_\_\_\_

Home phone number: \_\_\_\_\_

Home mailing address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

### ADSS directory information

Organization/business name (if applicable): \_\_\_\_\_

|                           |                                 |
|---------------------------|---------------------------------|
| Street address:           | Mailing address (if different): |
| Street city, state, ZIP:  | Mailing city, state, ZIP:       |
| Phone number:             | Fax number:                     |
| Email address (required): | Website (if applicable):        |

**Court designation(s)** – Please list the courts for which you are designated to provide ADSS services. A written designation for each court listed must be attached.

| Name of court | Mailing address |
|---------------|-----------------|
| 1.            |                 |
| 2.            |                 |
| 3.            |                 |
| 4.            |                 |
| 5.            |                 |
| 6.            |                 |
| 7.            |                 |
| 8.            |                 |
| 9.            |                 |
| 10.           |                 |

**Minimum qualifications (required for initial ADSS certification only)** – Select one; attach transcripts and/or résumé to document your qualifications.

- A Bachelor's degree in a behavioral health field.
- An Associate's degree in a behavioral health field, and two years of full-time supervised experience providing substance use disorder evaluation or treatment.
- Four years of full-time supervised experience in the behavioral health services field with a minimum of two years of experience providing substance use disorder evaluation or treatment.

**Background checks**

Certification or recertification is contingent up on the outcome of an abuse check and criminal records check in accordance with OAR 943-007-0010 through 943-007-0501. Any criminal or founded abuse history will be reviewed and could result in denial of certification.

Upon receipt of a complete application, HSD will provide the information necessary to initiate a background check conducted by the Background Check Unit.

**Assurances**

By signing below, I attest that:

- The information I provide in this application is true and complete;  
AND
- I have read, understand, and agree to comply with Oregon Administrative Rules ([OAR 415-054-0461 through 415-054-0570](#)) as they may be revised from time to time;  
AND
- I do not have any actual or potential Conflict of Interest as defined in [OAR 415-054-0462](#).

|                     |      |
|---------------------|------|
| Applicant signature | Date |
|---------------------|------|