

DECLARATION OF COMPLIANCE

TO: Oregon Health Authority (OHA)
Addictions and Mental Health Division (AMH)

FROM: _____
Alcohol & Drug Evaluation and Screening Specialist

Pursuant to requirements in OAR 415-012-0000, Standards for Approval/Certification of Alcohol and Drug Evaluation Specialists, I declare that the following statements are true (*check all that apply*):

- _____ 1) That the procedure for performing evaluation and screening services has not been fundamentally altered since the last review.
- _____ 2) That none of the program's staff has been convicted within the previous three (3) years of:
- _____ a) any crime or violation under ORS 475, including but not limited to the Uniform Controlled Substances Act or under ORS 813.010, driving under the influence of intoxicants;
 - _____ b) a substantially similar crime or violation in any other state;
 - _____ c) any felony; or
 - _____ d) Has entered into a diversion agreement under a substantially similar law in any other state.
- _____ 3) That I have not knowingly used my relationship as an ADES to obtain financial gain or avoidance of financial detriment; made business decisions which create a pattern of biased or preferential treatment; or initiated or maintained a professional role with someone with whom there was a pre-existing personal relationship.

Authorized Signature: _____ Date: _____