



**DIVISION OF PROGRAM LICENSURE
PASSWORD AGREEMENT FOR FACILITY DIRECTORS**

I, _____ (name of facility director), hereby certify that I am the Facility Director for _____ (name of facility), facility number _____ and that I am responsible for submitting a Plan of Correction in response to deficiencies cited by the Pennsylvania Department of Drug and Alcohol Programs, Division of Program Licensure on Form 2567, Statement of Deficiencies. Further,

- 1) I acknowledge receipt of the facility identification number and my individual password from the Pennsylvania Department of Drug and Alcohol Programs (facility ID and password will be sent upon receipt of this signed agreement);
- 2) I agree to maintain the confidentiality of both the facility identification number and my password;
- 3) I accept and acknowledge that the use of my password to electronically submit a Plan of Correction in response to deficiencies cited in the Statement of Deficiencies report identifies me as the signer of the Plan of Correction; and,
- 4) I further recognize and acknowledge that the use of my password in conjunction with the submission of a Plan of Correction, authorizes the Pennsylvania Department of Drug and Alcohol Programs to conclusively accept that electronic Plan of Correction as my authorized submission.

I have read and understand this Agreement and hereby agree to the above statements.

(Facility Director's signature)

(Witness signature)

(Date)

(Date)

(Facility Director's email address)

Please return original signed agreement to: PA Department of Drug and Alcohol Programs
Division of Program Licensure
132 Kline Plaza, Suite A
Harrisburg, PA 17104
717-783-8675 OR Fax to 717-787-3188