



Action Requested:

- New Request
- Change in POC email address

Note: A separate registration is required for each facility location.

**DIVISION OF PROGRAM LICENSURE
EMAIL REGISTRATION REQUEST FOR FACILITY DIRECTORS OR THEIR
DESIGNEE**

Facility License Number as shown on your certificate of licensure/compliance: _____

Facility Name: _____

Facility Director: _____

The following email address is the address the above facility has designated for the electronic transmission of survey results and related licensing correspondence and materials. This email address is the address which is assigned to or accessible by the facility director or designee.

Enter email address: _____

Confirm email address: _____

I certify that the above email address will be utilized to accept and respond to survey results and related correspondence and materials concerning on-site licensure inspections by the Division of Drug and Alcohol Program Licensure.

Facility Director Signature and Date:

Once the above email address has been entered into the Survey Agency Information System, a confirmation email will be sent. Attached to this confirmation email will be a Password Agreement for Facility Directors which must be signed by the Facility Director and returned to the Division immediately. An instruction booklet on Electronic Submission of the Plan of Correction will also be attached to the confirmation email.

Please return original signed agreement to: PA Department of Drug and Alcohol Programs
Division of Program Licensure
One Penn Center, 5th Floor
2601 N. 3rd Street
Harrisburg, PA 17110
Phone: 717-783-8675
Fax: 717-265-8308
E-Mail: RA-licensuredivision@pa.gov

For Division of Program Licensure use only

Entered _____

Security Agreement Received _____

File No. _____