



Certified Community Mental Health Agency

Application for Deemed Status (Only)

5122-25-03 of the Ohio Administrative Code

Instructions: This application is for a Certified agency only applying for deemed status. **Do not use if your agency needs to renew its Certification or apply for initial Certification.** *If your agency Certification is soon expiring or you are applying for initial Certification, please submit an “Application for Certification and Deemed Status” in place of this application.*

Mail to: Ohio Department of Mental Health, Chief, Office of Standards Development and Administrative Rules, 30 E. Broad Street, 8th Floor, Columbus, Ohio, 43215-3430.

Legal Name of Agency	
Address (Street, City, Zip	
Contact Person Name and Title	
Contact Person Telephone Number	Contact Person E-Mail Address

Please submit **copies** of the following documentation. For each item, indicate by an “X” that the documentation is attached.

Certificate or license awarded by the accrediting body [5122-25-03 (B)(1)].

Accreditation award notification letter [5122-25-03 (B)(2)].

(CARF & COA: lists accredited programs/services & includes expiration date).

(TJC: lists manual – Comprehensive Accreditation Manual for BHC & includes effective date).

Each of the accrediting body’s survey reports and any modifications made to the survey report [5122-25-03 (B)(3)]. **An agency is not required to submit its response to the survey report, e.g., Quality Improvement Plan (QIP), Pre-Commission Report Response, Measure of Success (MOS), or Evidence of Standards Compliance (ESC). Please use a check to indicate which of the following is/are attached.**

CARF	COA	TJC
Final Survey Report (FSR)	Pre-Commission Report (PCR)	Final Survey Report
Modifications to FSR, if applicable	Final Accreditation Report (FAR)	Modifications to FSR, if applicable
	Modifications to PCR or FAR, if applicable	