

Certification Application for Minnesota Rule 2955: Residential Treatment Programs for Individuals Who Have Engaged or Attempted to Engage in Sexually Abusive or Harmful Behavior

As provided under Minnesota Statutes, section 241.67, this chapter sets minimum treatment program standards inspecting and certifying:

- A. Treatment programs in state and local correctional facilities; and
- B. state-operated treatment programs not operated in state and local correctional facilities.

The administrative director or other person in charge must file a complete application for certification with the commissioner of corrections and obtain approval prior to offering treatment programming.

Information about the program (where services will be provided)

PROGRAM NAME/LICENSE NUMBER			
STREET ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER	AGES SERVED	CAPACITY	
PROGRAM ADMINISTRATOR FULL NAME	PHONE NUMBER	GENDERS SERVED	

Required Documents for Application

The documents below are required for certification to comply with Minnesota Rules 2955.0010 to 2955.0170. These may be submitted by mail to the DOC or by email to IE-support.DOC@state.mn.us with the applicants name in the subject line.

Rule Requirement	Subject	Document Identifier
Minnesota Rules, part 2955.0080, subpart 8	Staffing Plan	
Minnesota Rules, part 2955.0080, subpart 9	Staff orientation, development, and training plan	
Minnesota Rules, part 2955.0090	Staff qualifications	
Minnesota Rules, part 2955.0100, subpart 1	Written admission procedure	
Minnesota Rules, part 2955.0105, 2955.0140 and 2955.0150	Schedule and Description of Pretreatment Services, if applicable	
Minnesota Rules, part 2955.0105, 2955.0140 and 2955.0150	Schedule and Description of Treatment Services	
Minnesota Rules, part 2955.0105, 2955.0140 and 2955.0150	Schedule and Description of Aftercare Services, if applicable	
Minnesota Rules, parts 2955.0025, subpart 3, 2955.0090, subpart 3, 2955.0100, subpart 6, 2955.0120, subparts 3 & 4, 2955.0150, subpart 5, and 2955.0160, subpart 1a	Standards, Schedule and Description applicable to treatment of juvenile residents, if applicable	
Minnesota Rules, part 2955.0110, subparts 1-3	Individual treatment plan template	
Minnesota Rules, 2955.0140	Program policy and procedures manual	
Minnesota Rules, part 2955.0130	Discharge summary template	
Minnesota Rules, 2955.0160, subpart 1	Policy for special assessment and treatment procedures, if applicable	
Minnesota Rules, part 2955.0170	Quality assurance/program improvement plan procedures	

Applicant Agreement, Acknowledgement and Verification Form

At initial application only: The applicant must review and approve the certification application by signing below. An application from a government entity must be accompanied by a letter signed by the manager, administrator, or other executive of the government entity authorizing the submission of the certification application. An original signed copy of the Applicant Agreement, Acknowledgement and Verification Form and a letter is required for each application.

By signing below, the Applicant/Certification Holder agrees:

- The information provided on this application form is true, accurate and complete;
- I consent to electronic communication with DOC throughout the certification process;
- If DOC grants certification, I agree the program will comply with the applicable certification rules and statutes at all times;
- I understand if I choose to receive public funding, I must comply with all applicable laws and rules, that compliance will be monitored by DOC, and that noncompliance will result in penalties;
- I am the applicant responsible for communicating with DOC throughout the certification process (including by electronic communication), on all matters related to the applicable certification rules and statutes and for accepting service of all notices and orders from DOC.

Applicant:

I, _____, state that I am the applicant identified above. I understand that, by signing below, I am responsible for communicating with the commissioner of Corrections on all matters provided for in Minnesota Rule 2955. I also understand that service of all notices and orders affecting any certification held by the applicant identified above will be made on me, in accordance with Minnesota Rule 2955.

SIGNATURE

DATE

Submit:

- **Completed application (signed).**
- **All items listed in the application checklist section above.**

Email: IE-support.doc@state.mn.us

Mail: Inspection and Enforcement Unit 1450 Energy Park Drive, Suite 200 St. Paul, MN 55108