### GENERAL INSTRUCTIONS

1) A separate application must be filled out for each physical location seeking recertification.

2) A Recertification Application may be submitted as a physical copy by mail, or as a single electronic document via email. Regardless of submission type, the Recertification Application must meet the following criteria:
   - The front cover should be a title page containing the name and address of the agency/organization.
   - Include the completed, signed Recertification Application Checklist. The checklist will serve as the first page after the title page.
   - Include the completed, signed Recertification Application after the Recertification Application Checklist.
   - Include the remaining documents after the Recertification Application.

   a. Mailed bound submissions must:
      i. Include the application and all required documents. Mail the application to:
         HIV Case Management
         2501 Mail Service Center
         Raleigh, NC 27699-2501

   b. Electronic submissions must:
      i. The application must be submitted via email to HIV_CaseMgt@dhhs.nc.gov, subject line: Completed HIV CM Recertification Application.
      ii. Submit the application and all attached documents as one single scanned document.

3) Use a separate sheet if extra space is needed.

### SECTION 1: DEMOGRAPHIC INFORMATION

1) Under Agency Name in "Provider Contact Information" include the agency’s name, not a person’s name. Include the associated provider number in parentheses.

2) **Application Date** is the date the application is completed.

3) **Certification Site Address** should be the physical address for the location wishing to be certified.

4) A Mailing Address should be entered if different from Certification Site Address. Enter “Same” if the mailing address is the same as the Certification Site Address.

5) Under **Point of Contact (POC)**, provide the information of the person with whom DMA should communicate.

6) Under **Owner/Director Contact**, provide the information for the Owner or Director. If the information is the same as **Point of Contact**, write “Same as POC”.

7) Under **Preparer Information**, provide the information for the person preparing the application. If the information is the same as **Point of Contact**, write “Same as POC”, if same as **Owner / Director**, write “Same as Owner”.
**SECTION 2: GENERAL REQUIREMENTS**

Complete each section in the space provided, additional sheet may be used if needed.

**SECTION 3 ATTACHED DOCUMENTS**

3:1 - Complete each section, a – k, by submitting only those policies that have changed since the last certification. If a document has not changed, list the relevant policy effective date in Comments of the Recertification Application Checklist.

3:2 - Complete each section, a – h, by submitting only the specified information that has changed since the last certification. If a document has not changed, enter N/A in Comments of the Recertification Application Checklist.

Ensure the application and all attached documents as a single scanned file if sending as an electronic file.

**SECTION 4: COMPLIANCE**

Carefully read this section. Name, signature and date is required for both the application preparer and the agency Owner/Director.