



**FACILITY DIRECTOR STAFFING FORM**

**Note:** If the Project Director and Facility Director are the same person, **only complete the Project Director form.**

**FACILITY NAME:** \_\_\_\_\_

**Facility Director's Name:** \_\_\_\_\_

**Date (or anticipated) of hire:** \_\_\_\_\_



**EDUCATION**

**Specific degree(s) obtained:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Certification (if applicable):** \_\_\_\_\_

**CAC full certification # and expiration date:** \_\_\_\_\_

**YEARS OF EXPERIENCE**

| Clinical | Drug/Alcohol Direct Services | Supervision |
|----------|------------------------------|-------------|
|          |                              |             |

**Resume, Degree, Transcript Submitted**

I (the applicant) acknowledge that my signature is verification that I have completed this checklist truthfully and accurately, and I understand that my statements herein are made subject to the penalties of 18 Pa.C.S.§4904 (relating to unsworn falsification to authorities).

\_\_\_\_\_  
**APPLICANT PRINT NAME**

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**