

Arkansas Department of Health

2020 Onsite Monitoring Program Recertification Form

Certificate of Enrollment in CASST3 Online Reporting Program

This certifies that _____

License Number: _____

has successfully completed the 2020 Onsite Monitoring Program requirements for the CASST3 Online Reporting System.

Mail this certificate of completion, renewal notice and a check or money order (Do Not Send Cash) in the amount of \$50.00 before March 1. Failure to pay the registration renewal fee by the March 1 date shall result in a late fee equal to one-half of the renewal fee (\$75.00) Mail the renewal fee to the address listed below:

Arkansas Department of Health
4815 West Markham Street Slot-46
Little Rock, AR 72205-3867

Phone - 501-661-2171

email -adh.onsite@arkansas.gov

Signature _____ Date _____

Social Security Number: _____ - _____ - _____

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