



Office-Based Addiction Treatment Navigator Attestation Form

Part 1: To be completed by the navigator

Application Information: Please provide your demographic information	
Navigator's Name:	
OBAT Provider Name:	
Office Address:	
Office Telephone:	Mobile Telephone:
E-Mail Address:	

Part 2: Check all Office Based Addiction Treatment Navigator requirements that you meet. All OBAT navigators must meet at least one:

#	Qualification	
1	Registered Nurse	
2	Licensed Practical Nurse	
3	Social Worker	
4	Individual with a Bachelor's Degree and at least two years of life experience with substance abuse	

The provider's office is responsible for maintaining documentation supporting the qualification chosen. For items 1-3, acceptable supporting documentation includes a copy of applicable license or certification.

For item 4, supporting documentation includes a copy of the Navigator's bachelor's degree and a written description of the qualifying two years of life experience.

Navigator Signature: _____ Date: _____

Provider Signature: _____ Date: _____