Date

Name

Executive Director

Provider Agency Name

Provider Address

City, State Zip

Dear Executive Director:

We have received notice that you have appointed Candidate Name as the Clinical Director of Provider Agency Name, located at Provider Address in City and documentation that she meets the requirements of *Alabama Administrative Code*, § 580-9-44-.02 and § 580-2-9-.03, respecting minimal qualifications for program clinical directors. Based on this documentation and the recommendation of the Associate Commissioner for Mental Health and Substance Abuse Services, I hereby approve of her appointment.

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-XXXX.

 Sincerely,

 Commissioner’s Full Name

 Commissioner

 (Commissioner’s initials/OCA staff)

cc: (Service Division Associate Commissioner)