

The Alabama Department of Mental Health Division of Administration

ADMH - New Executive Director



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Workflow Roles

Provider

Associate Commissioner

Role type: Registered user

Selected user: Hibbard brooke.hibbard@mh.alabama.gov(brooke.hibbard@mh.alabama.gov)

C&F Program Coordinator

Role type: Group of users

Form fields: Child & Family Services Program Coordinator

C&F Program Director

Role type: Selected user

Selected user from field: Child & Family Services Program Director

Central Office

Role type: Group of roles

Roles: Planning & Quality Specialist I, Planning & Quality Specialist II, Provider Network Manager

Certification Team Member

Role type: Selected user

Selected user from field: Certification Team Member

Commissioner

Role type: Registered user

Selected user: Boswell kimberly.boswell@mh.alabama.gov (kimberly.boswell@mh.alabama.gov)

Conditional PPQ Reviewer

Role type: Get user data from form

We dont use name field for this role

Form field for user email: Conditional PPQ Reviewer

DD Associate Commissioner

Role type: Registered user

Selected user: Cumuze Camille.cumuze@mh.alabama.gov(camille.cumuze@mh.alabama.gov)

DD Certification Director

Role type: Registered user

Selected user: Orange Fredericka.Orange@mh.alabama.gov(fredericka.orange@mh.alabama.gov)

Executive Assistant to the Assoc. Comm. DD

Role type: Registered user

Selected user: Davis jonathan.davis@mh.alabama.gov(jonathan.davis@mh.alabama.gov)

MH Program Coordinator

Role type: Selected user

Selected user from field: Program Coordinator

MH Program Director

Role type: Selected user

Selected user from field: MH Program Director

MHSU Associate Commissioner

Role type: Registered user

Selected user: Walden Nicole.walden@mh.alabama.gov(nicole.walden@mh.alabama.gov)

MHSU Certification Director

Role type: Registered user

Selected user: Bergeron Beth.Bergeron@mh.alabama.gov(beth.bergeron@mh.alabama.gov)

OCA ASA III

Role type: Registered user

Selected user: Pritchett courtney.pritchett@mh.alabama.gov(courtney.pritchett@mh.alabama.gov)

Administration Attorney

Role type: Registered user

Selected user: Penn Bryan(bryan.penn@mh.alabama.gov)

OCA Director

Role type: Registered user

Selected user: McCoy, III Fred.McCoy@mh.alabama.gov(fred.mccoy@mh.alabama.gov)

OCA Review Group

Role type: Group of roles

Roles: Conditional PPQ Reviewer, OCA ASA III, OCA Director

Planning & Quality Specialist I

Role type: Registered user

Selected user: Williams

Melanie.Williams@mh.alabama.gov(melanie.williams@mh.alabama.gov)

Planning & Quality Specialist II

Role type: Registered user

Selected user: Nettles Tina.Nettles@mh.alabama.gov(tina.nettles@mh.alabama.gov)

PPQ Director

Role type: Registered user

Selected user: Moss nakema.moss@mh.alabama.gov(nakema.moss@mh.alabama.gov)

Provider Network Manager

Role type: Registered user

Selected user: Woods latoya.woods@mh.alabama.gov(latoya.woods@mh.alabama.gov)

SU Executive Assistant

Role type: Selected user

Selected user from field: SU Program Director Executive Assistant

SU Program Director

Role type: Selected user

Selected user from field: SU Program Director

SU Program Manager

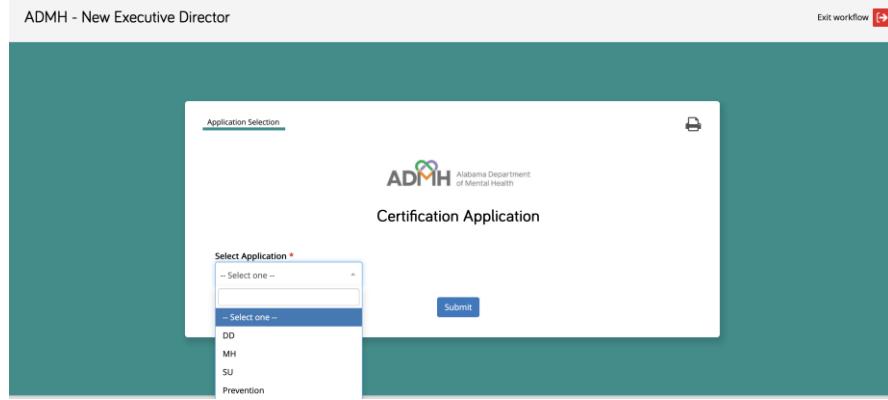
Role type: Selected user

Selected user from field: SU Program Manager

1. DD Path Start

1.1 Application Selection

To choose the path, the applicant selects the application path from the drop-down called Select Application and clicks 'Submit'.



ADMH - New Executive Director

Exit workflow 

Application Selection

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

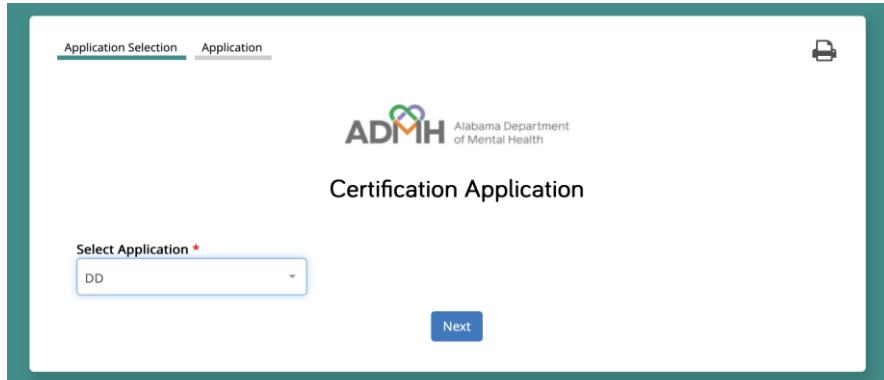
-- Select one --

DD
MH
SU
Prevention

Submit

1.2 DD Executive Director

Once DD is selected from the drop-down, two tabs display. The applicant goes to Application to fills out New Executive Director information.



Application Selection Application

ADMH Alabama Department of Mental Health

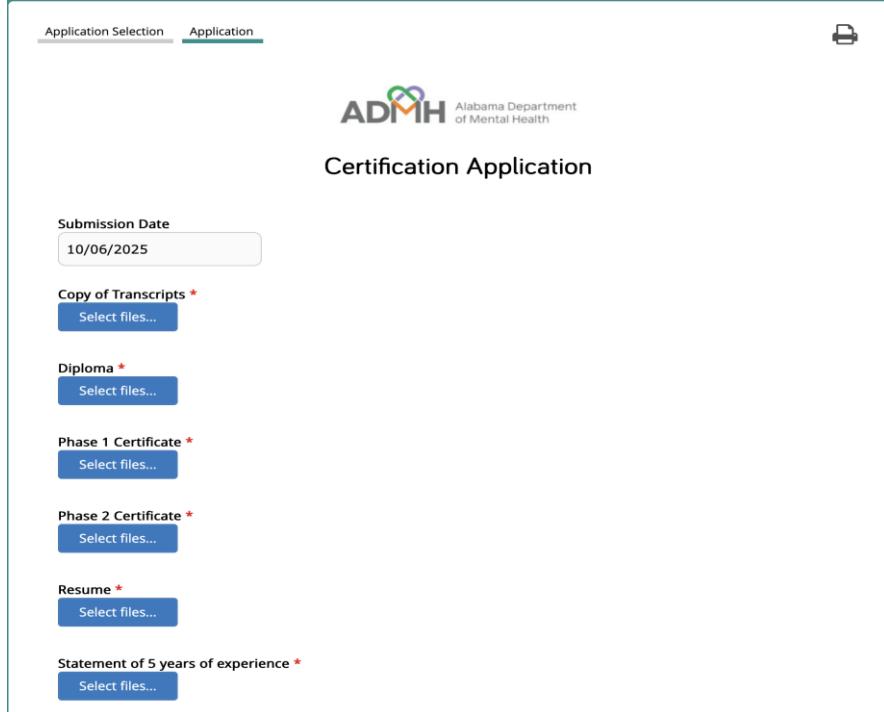
Certification Application

Select Application *

DD

Next

Selects date and attaches all the required files below:



Application Selection Application

ADMH Alabama Department of Mental Health

Certification Application

Submission Date
10/06/2025

Copy of Transcripts *

Select files...

Diploma *

Select files...

Phase 1 Certificate *

Select files...

Phase 2 Certificate *

Select files...

Resume *

Select files...

Statement of 5 years of experience *

Select files...

Fills out the required fields marked with * in the Application section.

Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Administrative Services Number *

1234

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Fills out the Executive Director Information including Name, Email Address, and Provider Agency Name. If "Are you employed at a different provider agency?" radio is "Yes", then checks all options that apply to his position(s) at the other agency. If "Other" option is checked, fills out

the corresponding field with the custom position name:

Executive Director Information

Name of New Executive Director *

Test Name

New Executive Director's Email *

test@email.com

Are you employed at a different provider agency?? *

Yes
 No

Provider Agency Name *

Test Agency Name

What is your position(s) at the other agency? Check all that apply *

--Select all--
 Nurse
 Executive Director
 QDPP
 Other

Other Position *

Test Position

If subapplicant is applicable for this request, checks the corresponding “Is there a subapplicant” checkbox and fills out the information below:

Subapplicant (If Applicable)

Is there a subapplicant?

Subapplicant Agency Name *

Test Agency Name

Street Address/Po Box *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Name of Executive Director *

Director Test Name

Type of Ownership *

Non-Profit
 Profit
 Public

Status of Ownership *

Individual
 Corporation
 Partnership

The

Subapplicant Board Member Information is required to be filled in too:

Subapplicant Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Adds the applicant's name and date in the Certification section, and checks the agreement:

Certification

General Comments (optional)

Any relevant information you would like the Office of Certification Administration to know.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/ fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/ setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made. *

Executive Director Signature *

Test Name

Test Name

Type Draw Upload Clear

Date *

10/06/2025

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks “Submit”

Agency *

Address *

Attach Supporting Documents

Select files...

[Back](#) [Submit](#)

A submission confirmation page with the application number must display.



ADMH Alabama Department of Mental Health

Application successfully submitted

Please allow approximately 2-6 weeks for your application to complete the full review process including any required inspections.

NewExec#00006

Click ‘Exit workflow’. The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

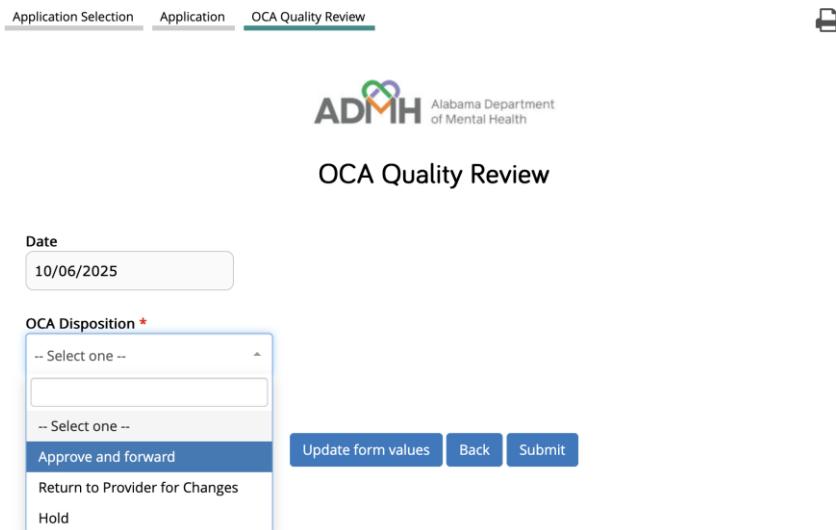
To access the application, please use the following link: [Next Stage](#)

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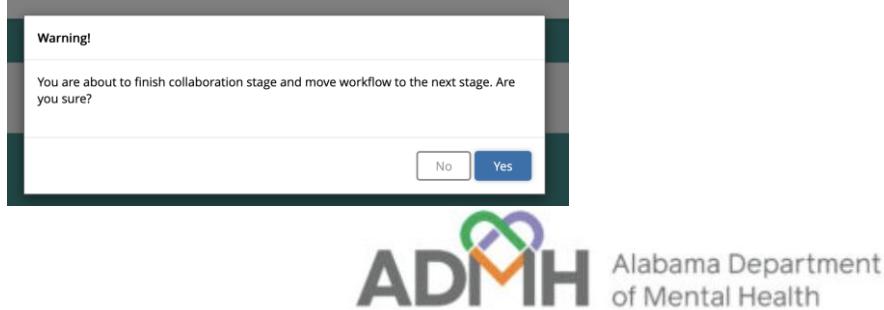
1.3 OCA Quality Review

At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option has to be selected and “Submitted”:



The screenshot shows a software interface for 'OCA Quality Review'. At the top, there are three tabs: 'Application Selection', 'Application', and 'OCA Quality Review', with the latter being the active tab. To the right of the tabs is a printer icon. Below the tabs, the 'ADMH' logo (Alabama Department of Mental Health) is displayed. The main section is titled 'OCA Quality Review'. On the left, there is a form field for 'Date' with the value '10/06/2025'. To the right of the date field is a dropdown menu labeled 'OCA Disposition *' with the following options: '-- Select one --', 'Approve and forward' (which is highlighted in blue), 'Return to Provider for Changes', and 'Hold'. At the bottom right of the form are three buttons: 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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1.4 Background Check

At this stage the applicant is going to pass the Background Check. This flow is for the approval, so in Background Check tab “Pass” option has to be selected in the Background Check disposition dropdown, additional documents attached, notes added (optional), and “Submitted”:

Application Selection Application OCA Quality Review **Background Check** 

 Alabama Department of Mental Health

New Executive Director Background Check

Background Check Disposition *

Pass

Upload Documents

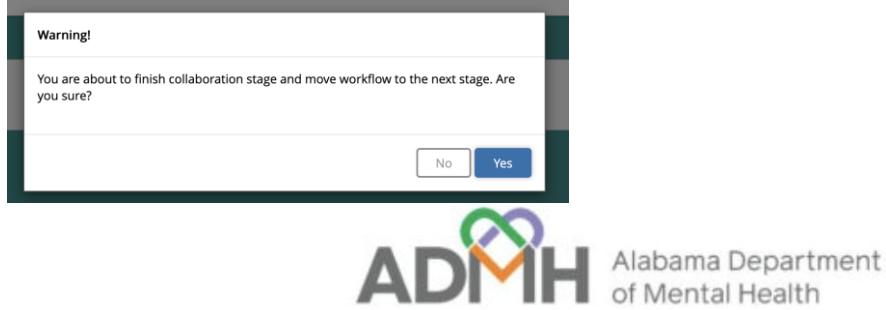
Select files...

Internal Notes

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

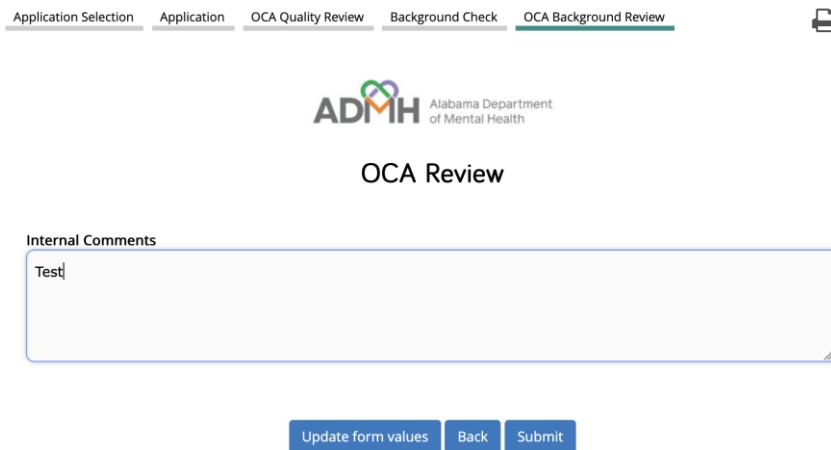
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1.5 OCA Background Review

At this stage the background check is going to be reviewed and submitted by OCA. This flow is for the approval, so in OCA Background Review the applicant adds notes (optional), and hits “Submit”:



Application Selection Application OCA Quality Review Background Check **OCA Background Review**

 Alabama Department of Mental Health

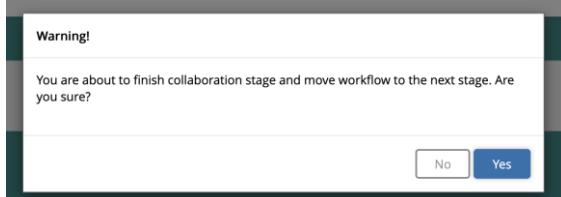
OCA Review

Internal Comments

Test

Update form values **Back** **Submit**

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

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1.6 Planning & Quality Specialist II

At this stage the application is going to be reviewed by the Planning and Quality Specialist. This flow is for the approval, so in Background Check tab “Forward to DD Certification Director” has to be selected in the Planning & Quality Specialist II disposition dropdown, notes added (optional), and “Submitted”:

Planning & Quality Specialist II Disposition *

Forward to DD Certification Director

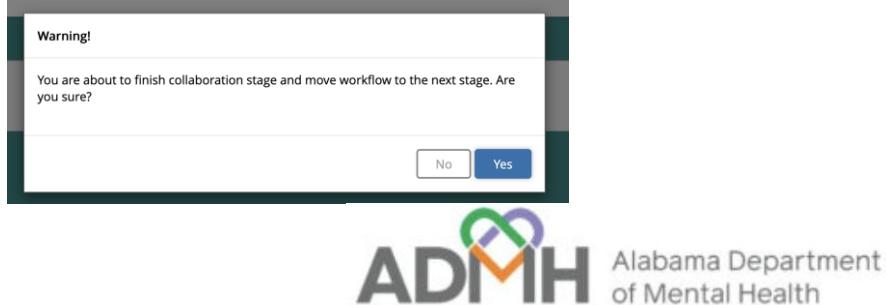
-- Select one --

Forward to DD Certification Director

Hold

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

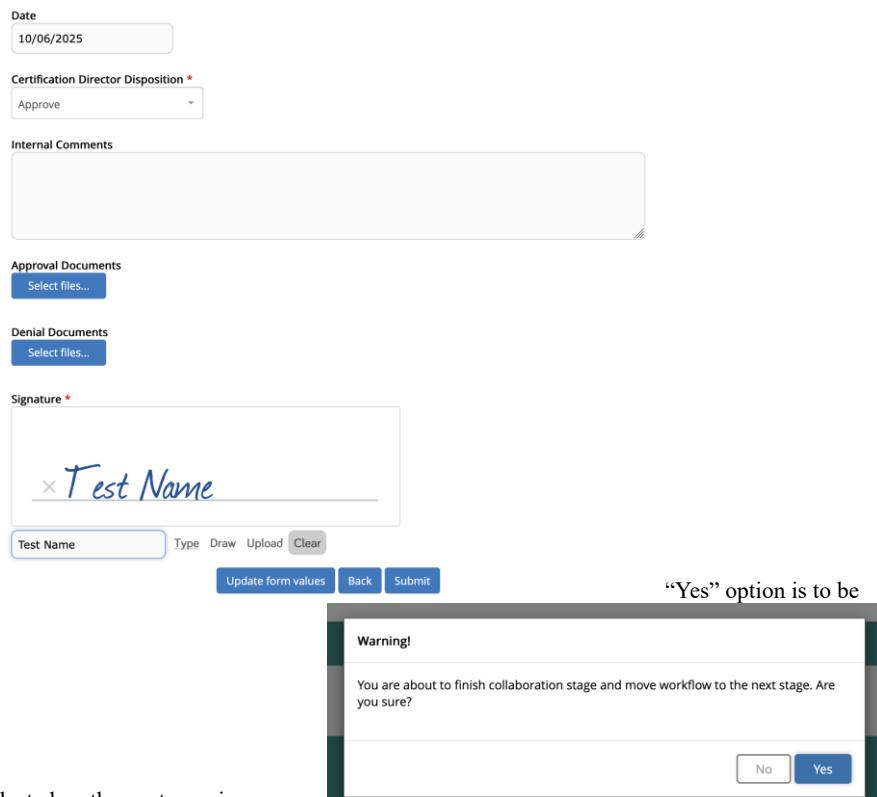
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1.7 DD Certification Director & Associate Commissioner of DD Review

At this stage the application is going to be reviewed by the DD Certification Director & Associate Commissioner of DD Review. This workflow is for the approval, so in DD Certification Director tab “Approve” has to be selected in the Certification Director disposition dropdown, notes added (optional), Approval Documents attached (optional), Signature added, and “Submitted”:

DD Certification Director & Associate Commissioner of DD Review



Date
10/06/2025

Certification Director Disposition *

Approve

Internal Comments

Approval Documents

Select files...

Denial Documents

Select files...

Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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1.8 OCA Director Review

At this stage the application is going to be reviewed by the OCA Director. This workflow is for the approval, so in Letter Creation tab “Approve – Draft Approval Letter” has to be selected in the OCA Decision dropdown and notes added (optional). Section 1 of the Approval Letter is going to be prefilled and editable, Section 2 may be filled in (optional):

Application Planning & Quality Specialist II DD Certification Director Review **Letter Creation** 

 Alabama Department of Mental Health

OCA Review

Date *
10/06/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments

Section 1 of the Approval Letter *

We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you have met the requirements of The Division of Developmental Disabilities Provider Operation Guideline Manual Chapter 6.3.h C 2., respecting minimal qualifications for program executive directors. Based on this documentation and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby approve of your appointment.

Section 2 of the Approval Letter

The applicant scrolls down to see the Draft Approval Email and hit “Submit”:

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor

10/06/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Kimberly G. Boswell
Commissioner

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you have met the requirements of The Division of Developmental Disabilities Provider Operation Guideline Manual Chapter 6.3.h C 2., respecting minimal qualifications for program executive directors. Based on this documentation and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby approve of your appointment.

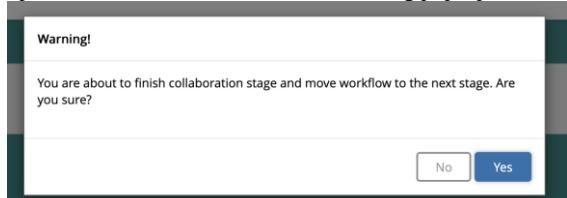
Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Kimberly G. Boswell
Commissioner

ADMH Alabama Department of Mental Health

option is to be selected on the next warning pop-up:



“Yes”



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

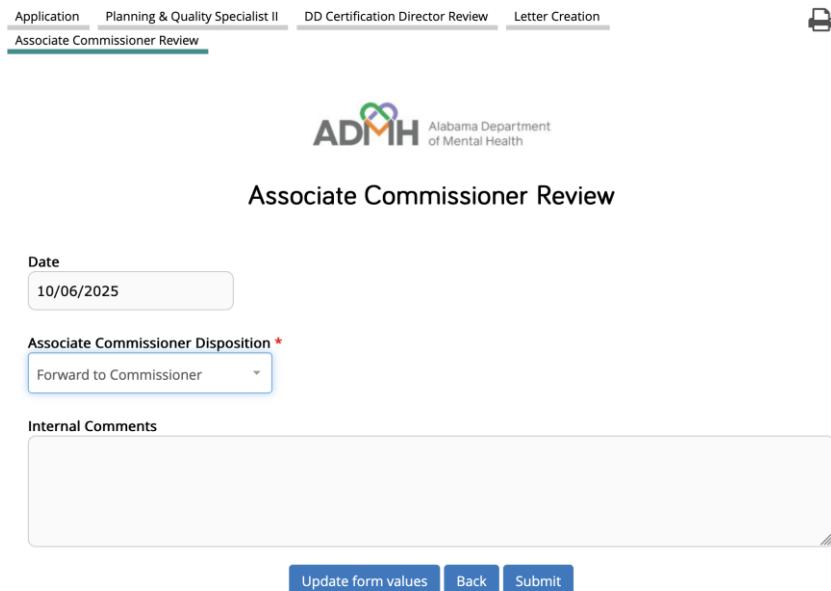
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1.9 Associate Commissioner Review

At this stage the application is going to be reviewed by the Associate Commissioner. This workflow is for the approval, so in Associate Commissioner Review tab “Forward to Commissioner” has to be selected in the Associate Commissioner disposition dropdown, notes added (optional), date selected, and “Submitted”:



Application Planning & Quality Specialist II DD Certification Director Review Letter Creation 

Associate Commissioner Review

Date
10/06/2025

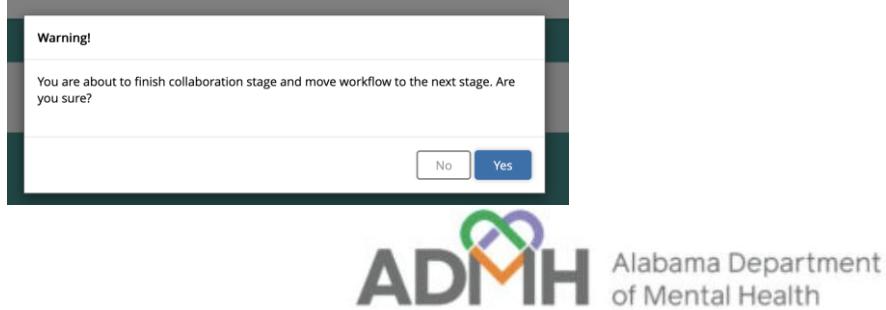
Associate Commissioner Disposition *

Forward to Commissioner

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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1.10 Commissioner Review

At this stage the application is going to be reviewed by the Commissioner. This workflow is for the approval, so in Commissioner Review tab “Approve” has to be selected in the Commissioner Disposition dropdown, notes added (optional), date selected, Signature added, and “Submitted”:

Application Planning & Quality Specialist II DD Certification Director Review Letter Creation
Associate Commissioner Review **Commissioner Review**



Commented [NM1]: Corrected the spelling error.
Thanks, Nakema



Alabama Department
of Mental Health

Commissioner Review

Date

10/06/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

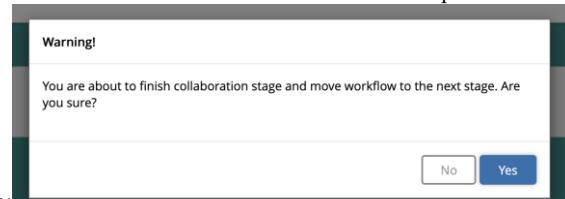
Test Name

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be



selected on the next warning pop-up:
A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

NewExec#00006

Click ‘Exit

Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

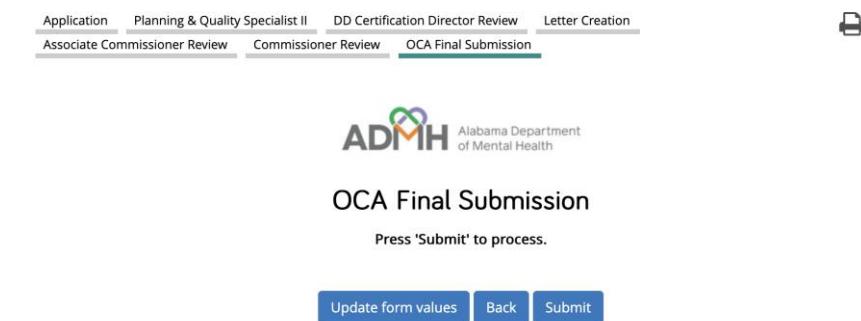
To access the application, please use the following link: [Next Stage](#)

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1.11 OCA Final Submission

At this stage the application is going to be “Submitted” by the OCA.



Application Planning & Quality Specialist II DD Certification Director Review Letter Creation
Associate Commissioner Review Commissioner Review OCA Final Submission

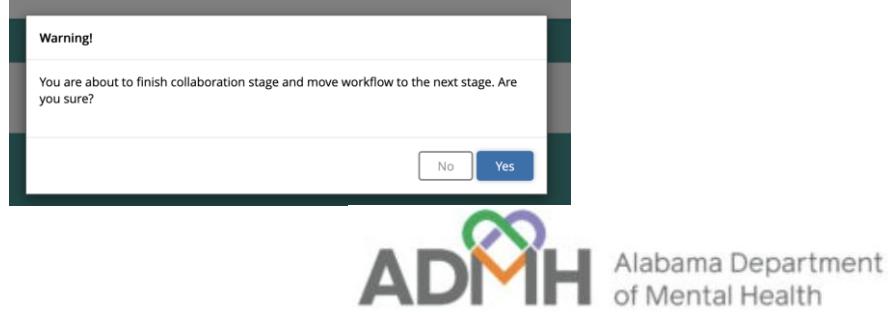
ADMH Alabama Department of Mental Health

OCA Final Submission

Press 'Submit' to process.

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

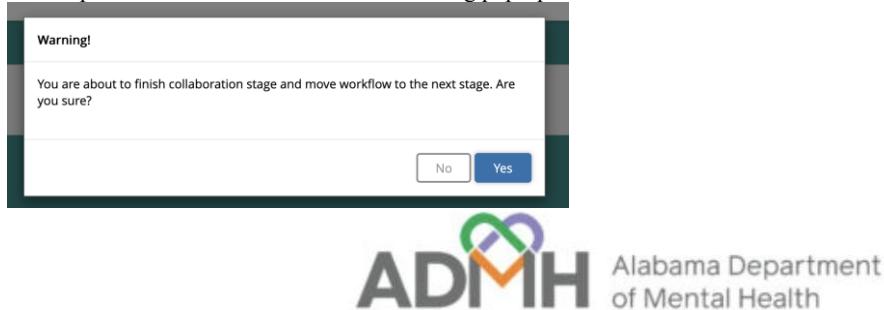
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1.12 Central Office Processing

At this stage the application is going to be “Submitted” by Central Office. **This stage is going to Complete the application submission process.**

The screenshot shows a workflow navigation bar at the top with the following stages: Application, Planning & Quality Specialist II, DD Certification Director Review, Letter Creation, Associate Commissioner Review, Commissioner Review, OCA Final Submission, and Central Office Processing DD. The 'Central Office Processing DD' stage is underlined, indicating it is the current step. To the right of the bar is a printer icon. Below the bar is the ADMH logo and the text "Alabama Department of Mental Health". The main content area is titled "Central Office Processing" and contains a confirmation message: "Please confirm that the Provider Network Manager, and Quality & Assurance Specialist II have taken all necessary action before pressing "Submit" to complete this application." There is a "Internal Comments" section with a text input field. At the bottom are three buttons: "Update form values", "Back", and "Submit".

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00006

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email confirming that the application has been accepted.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Key Ivey
governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you have met the requirements of The Division of Developmental Disabilities Provider Operation Guideline Manual Chapter 6.3.h C 2., respecting minimal qualifications for program executive directors. Based on this documentation and the recommendation of the Associate Commissioner for the Division of Developmental Disabilities Services, I hereby approve of your appointment.

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

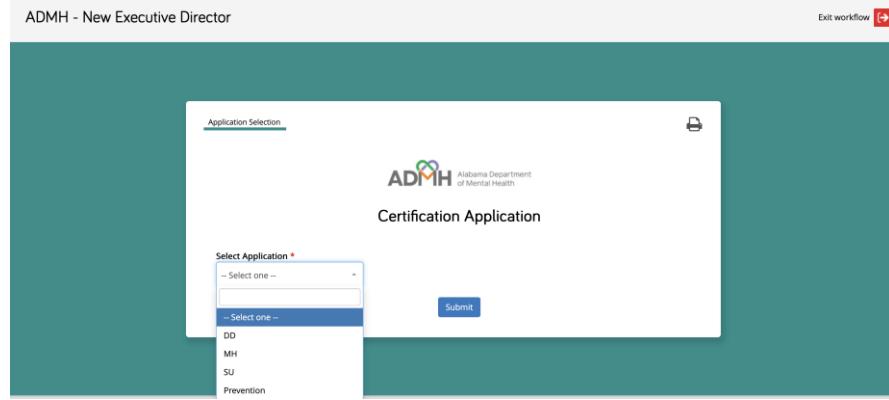
Kimberly G. Boswell
Commissioner



2. MH Path Start

2.1 Application Selection

To choose the path, the applicant selects the application path from the drop-down called Select Application and clicks 'Submit'.



ADMH - New Executive Director

Exit workflow 

Application Selection

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

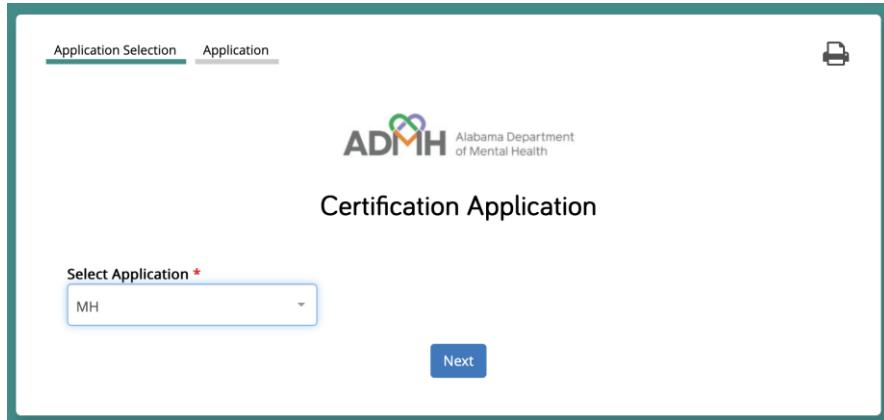
-- Select one --

DD
MH
SU
Prevention

Submit

2.2 MH Executive Director

Once MH is selected from the drop-down, two tabs display. The applicant goes to Application to fill out New Executive Director information.



Application Selection Application

ADMH Alabama Department of Mental Health

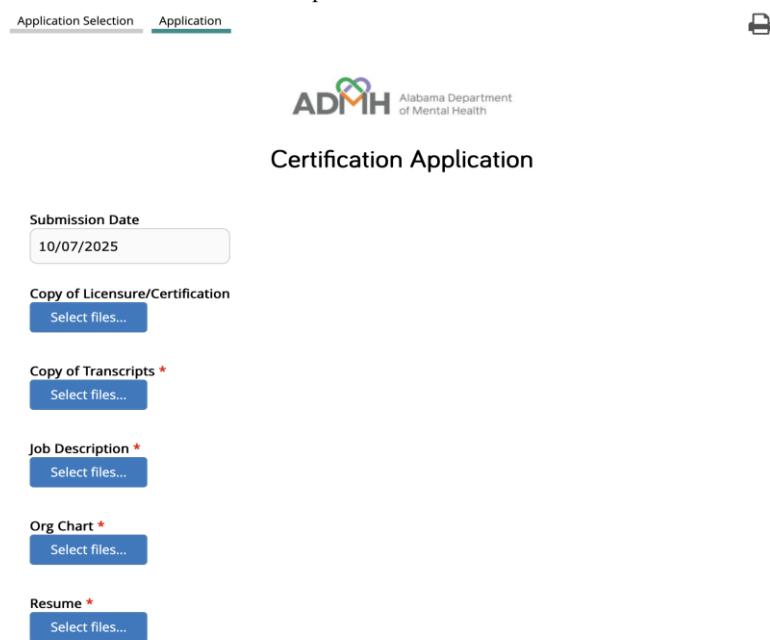
Certification Application

Select Application *

MH

Next

Selects date and attaches all the required files below:



Application Selection Application

ADMH Alabama Department of Mental Health

Certification Application

Submission Date
10/07/2025

Copy of Licensure/Certification
Select files...

Copy of Transcripts *
Select files...

Job Description *
Select files...

Org Chart *
Select files...

Resume *
Select files...

Fills out the required fields marked with * in the Application section.
Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Fills out the Executive Director Information including Name, Email Address, and Provider Agency Name. If "Are you employed at a different provider agency?" radio is "Yes", then checks all options that apply to applicant's position(s) at the other agency. If "Other" option is checked,

fills out the corresponding field with the custom position name:

Executive Director Information

Name of New Executive Director *

Test Name

New Executive Director's Email *

test@email.com

Are you employed at a different provider agency?? *

Yes
 No

Provider Agency Name *

Test Agency Name

What is your position(s) at the other agency? Check all that apply *

--Select all--
 Clinical Director
 Executive Director
 Other

Other Position *

Test Position

Adds the applicant's name and date in the Certification section, and checks the agreement:

Certification

General Comments (optional)

Any relevant information you would like the Office of Certification Administration to know.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/ fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/ setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made. *

Executive Director Signature *

Test Name Type Draw Upload Clear

Date *

10/06/2025

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks "Submit"

Agency *

Test Agency

Address *

William St, New York, NY 10038, United States

Attach Supporting Documents

Select files...

[Back](#) [Submit](#)

A submission confirmation page with the application number must display.



Application successfully submitted

Please allow approximately 2 weeks for the initial review of your application.

NewExec#00007

Click 'Exit workflow'. The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

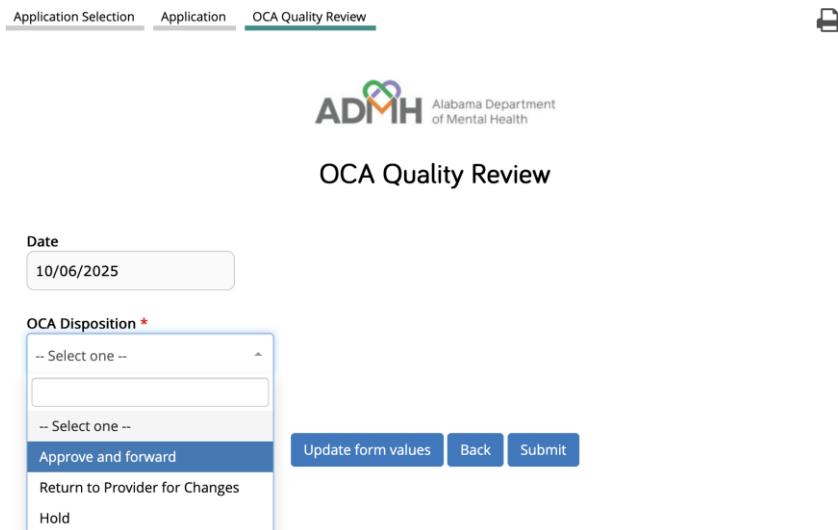
To access the application, please use the following link: [Next Stage](#)

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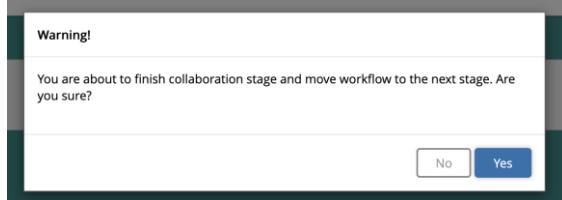
2.3 OCA Quality Review

At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option has to be selected and “Submitted”:



The screenshot shows a web-based application interface for OCA Quality Review. At the top, there are three tabs: Application Selection, Application, and OCA Quality Review, with the latter being the active tab. To the right of the tabs is a printer icon. Below the tabs, the Alabama Department of Mental Health logo (ADMH) is displayed. The main section is titled "OCA Quality Review". On the left, there is a form field for "Date" with the value "10/06/2025". To the right of the date field is a dropdown menu labeled "OCA Disposition *". The dropdown menu contains the following options: "Approve and forward" (which is highlighted in blue), "Return to Provider for Changes", and "Hold". Below the dropdown are three buttons: "Update form values", "Back", and "Submit".

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

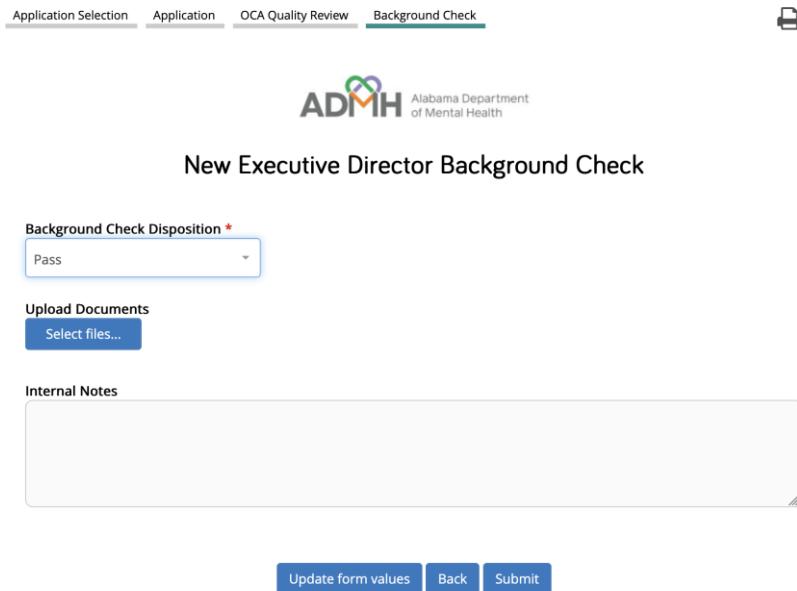
To access the application, please use the following link: [Next Stage](#)

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2.4 Background Check

At this stage the applicant is going to pass the Background Check. This workflow is for the approval, so in Background Check tab select “Pass” in the Background Check disposition dropdown, attach any additional documents and add notes (optional), and hit “Submit”:



Application Selection Application OCA Quality Review **Background Check** 

ADMH Alabama Department of Mental Health

New Executive Director Background Check

Background Check Disposition *

Pass

Upload Documents

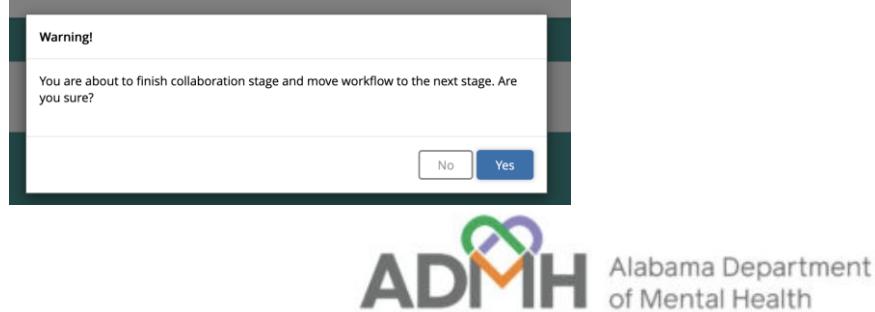
Select files...

Internal Notes

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:
Click ‘Exit Workflow’

NewExec#00007

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

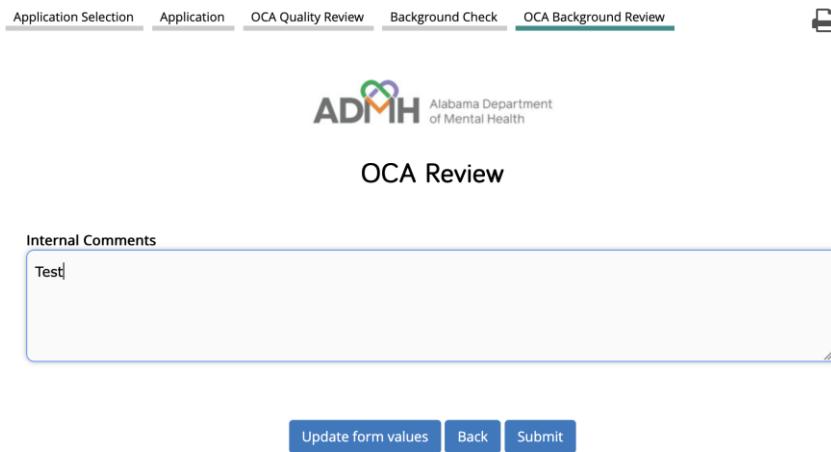
To access the application, please use the following link: [Next Stage](#)

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2.5 OCA Background Review

At this stage the background check is going to be reviewed and submitted by OCA. This workflow is for the approval, so in OCA Background Review add notes (optional), and hit “Submit”:



Application Selection Application OCA Quality Review Background Check **OCA Background Review**

 Alabama Department of Mental Health

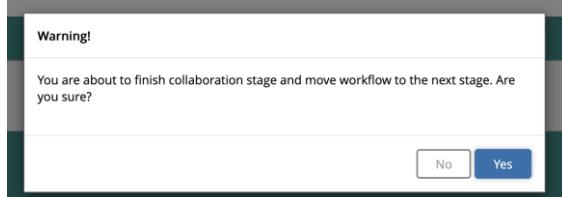
OCA Review

Internal Comments

Test

Update form values **Back** **Submit**

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

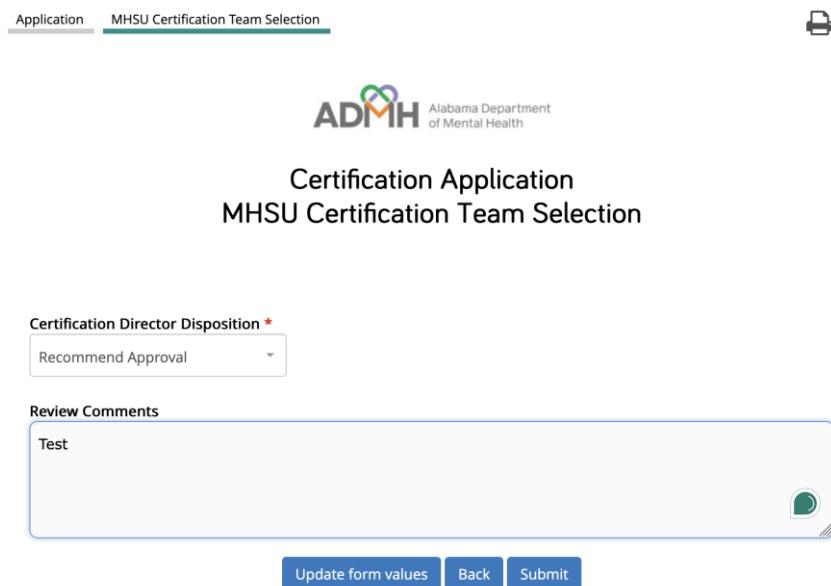
To access the application, please use the following link: [Next Stage](#)

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2.6 MHSU Certification Team Selection

At this stage the application is going to be reviewed by the MHSU Certification Team. This workflow is for the approval, so in MHSU Certification Team Selection tab select “Recommend Approval” in the Certification Director Disposition dropdown, add Review Comments (optional), and hit “Submit”:



Application MHSU Certification Team Selection

ADMH Alabama Department of Mental Health

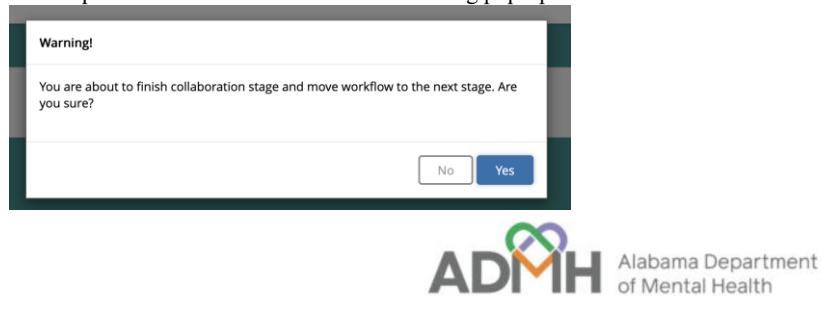
Certification Application
MHSU Certification Team Selection

Certification Director Disposition *
Recommend Approval

Review Comments
Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

ADMH Alabama Department of Mental Health

Submission Successful - Please follow this link to proceed.

A thank you page will be displayed:
Click on the ‘Please follow this link to proceed’ link.

NewExec#00007

2.7 MHSU Program Selection (*Contains 3 sub-flows*) At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” has to be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program has to be selected from the list, and “Submitted”:

2.7.1.1 Child & Family Services

Child & Family Services Option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Child & Family Services

MH Program Director *
Last First(first.last@test.com)

Child & Family Services Program Director *
Last First(first.last@test.com)

Child & Family Services Program Coordinator *
x Last First (first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.1.2 MH Family and Child Services Review

“Recommend Approval” option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection

MH Family and Child Services Review

 Alabama Department of Mental Health

Certification Application
MH Family and Child Services Review

Child & Family Services Director Disposition *

Recommend Approval

Review Comments

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

 Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

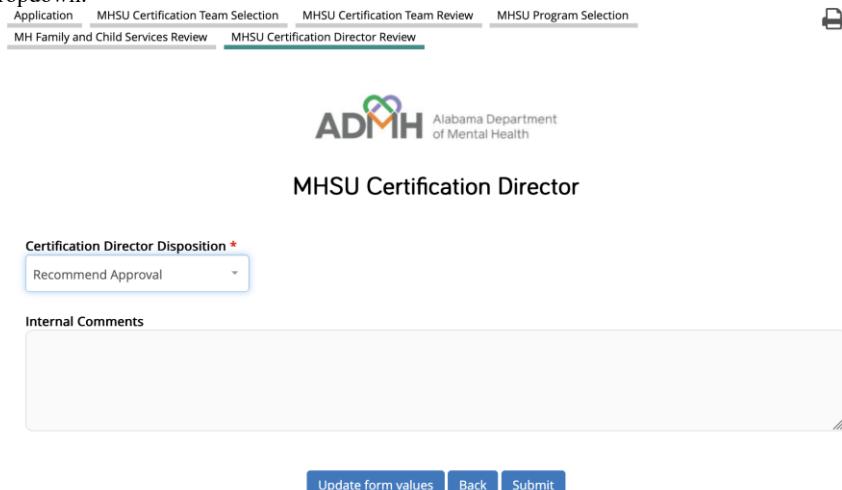
To access the application, please use the following link: [Next Stage](#)

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2.7.1.3 MHSU Certification Director Review

“Recommend Approval” option has to be selected from the Certification Director Disposition dropdown:



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

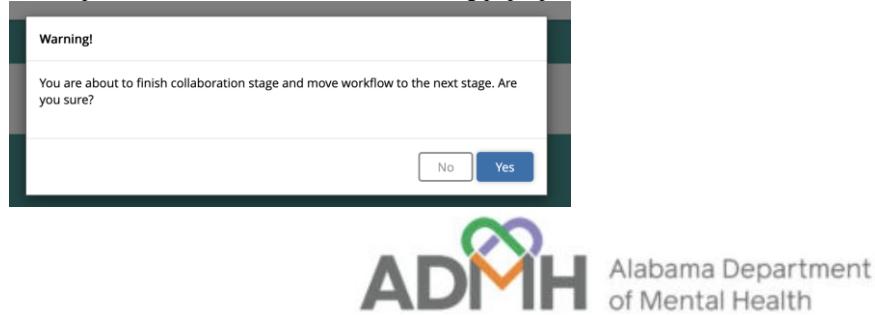
Certification Director Disposition *

Recommend Approval

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.1.4 MHSU Associate Commissioner “Approve” option has to be selected from the Associate Commissioner Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner



ADMH Alabama Department of Mental Health

Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

Test

Signature *



Test Name Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.1.5 Letter Creation “Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection

MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation



OCA Review

Date *

10/09/2025

OCA Decision *

Approve - Draft Approval Letter

Internal Comments

Test

Section 1 of the Approval Letter *

We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.DMH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

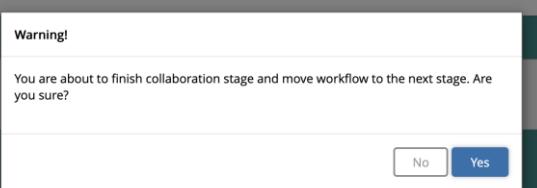
Sincerely,

Kimberly G. Boswell
Commissioner



[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be



selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

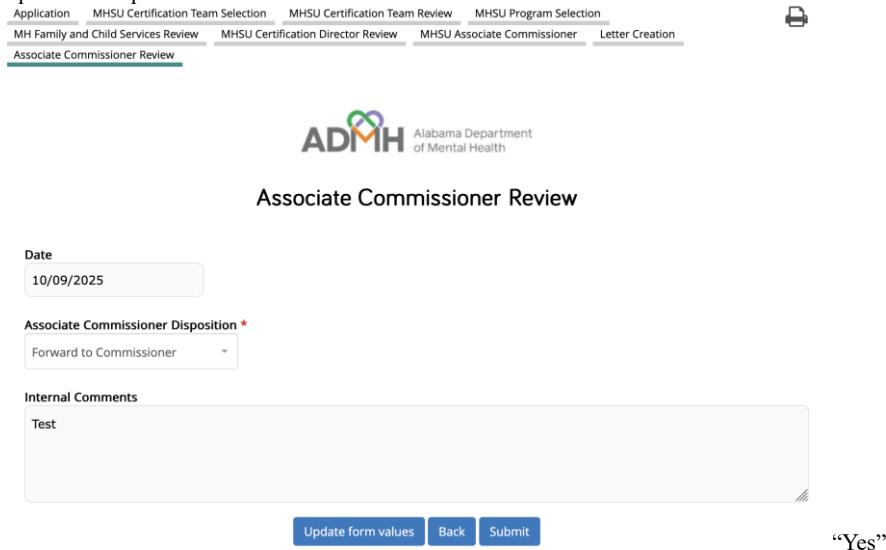
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.1.6 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



Date
10/09/2025

Associate Commissioner Disposition *

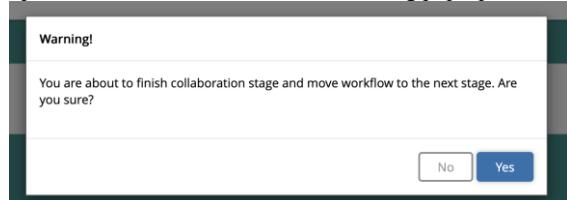
Forward to Commissioner

Internal Comments
Test

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.1.7 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

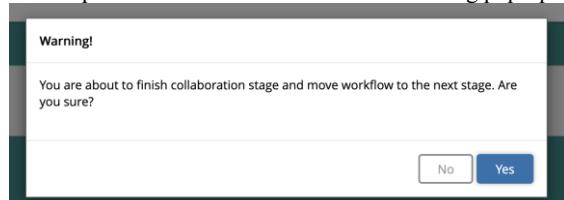


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



2.7.2.1 MH Community Programs

MH Community Programs has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review **MHSU Program Selection** 

 Alabama Department of Mental Health

**Certification Application
MHSU Program Selection**

Certification Director Disposition *
Forward to Program Team 

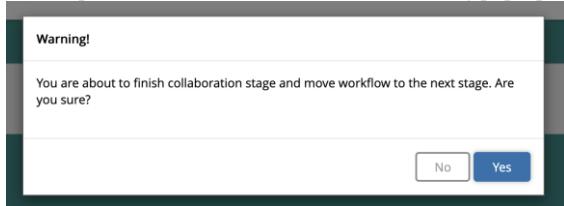
Review Comments
Test 

Program *
x MH Community Programs

MH Program Director *
Last First(first.last@test.com) 
Clear

Buttons: Update form values, Back, Submit

“Yes” option is to be selected on the next warning pop-up:





Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

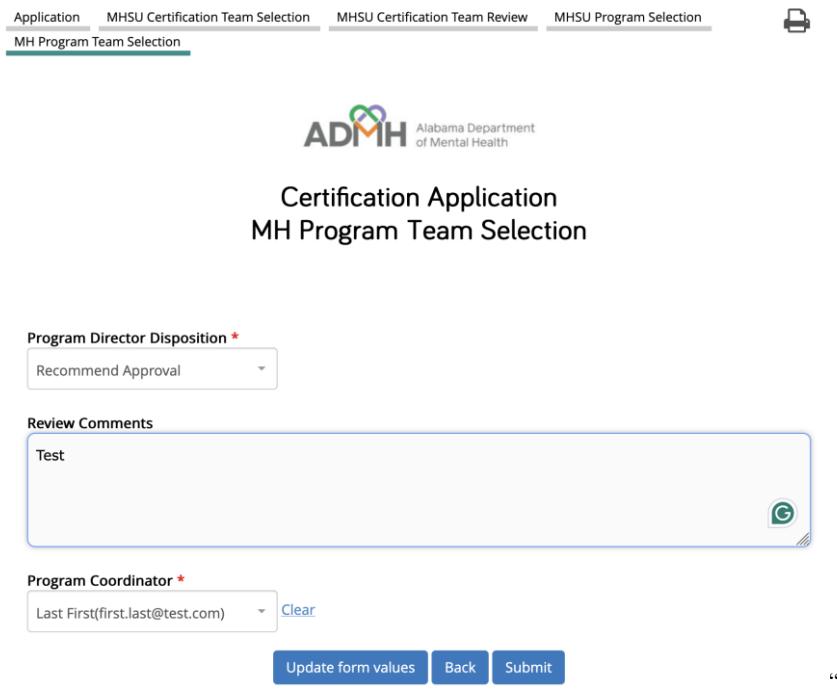
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.2.2 MH Program Team Selection

At this stage the application is going to be reviewed by the MH Program Team. This workflow is for the approval, so in MH Program Team Selection tab “Recommend Approval” option has to be selected in the Program Director Disposition dropdown, Review Comments added(optional), Program Coordinator selected from the list, and “Submitted”:



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Program Team Selection

ADMH Alabama Department of Mental Health

Certification Application
MH Program Team Selection

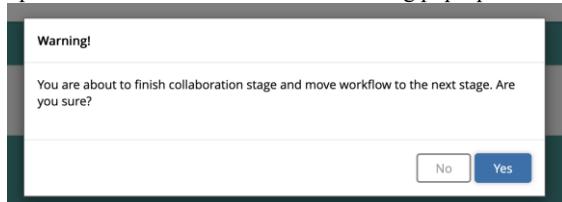
Program Director Disposition *
Recommend Approval

Review Comments
Test

Program Coordinator *
Last First(first.last@test.com) [Clear](#)

[Update form values](#) [Back](#) [Submit](#) [“Yes”](#)

option is to be selected on the next warning pop-up:





Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.2.3 MHSU Certification Director Review

At this stage the application is going to be reviewed by the MHSU Certification Director. This workflow is for the approval, so in MHSU Certification Director Review tab “Recommend Approval” option has to be selected in the Certification Director Disposition dropdown, Internal Comments added(optional), and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Program Team Selection MH Program Coordinator Review MH Program Director Review
MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

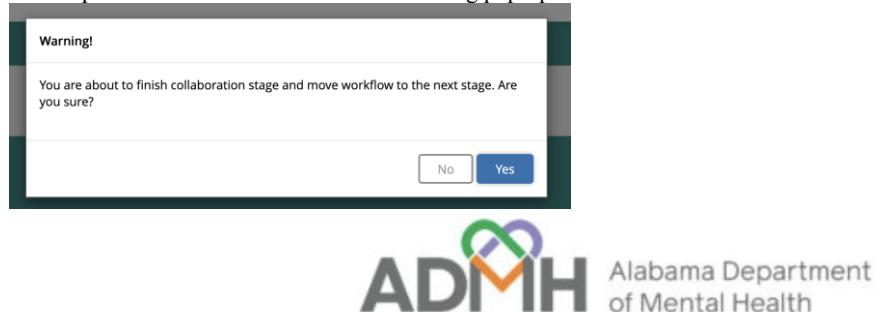
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.2.4 MHSU Associate Commissioner At this stage the application is going to be reviewed by the Associate Commissioner of MHSU. This workflow is for the approval, so in MHSU Associate Commissioner tab “Approve” has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added(optional), Signature added, and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
 MH Program Team Selection MH Program Coordinator Review MH Program Director Review
 MHSU Certification Director Review MHSU Associate Commissioner



Alabama Department
of Mental Health

Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

Test



Signature *

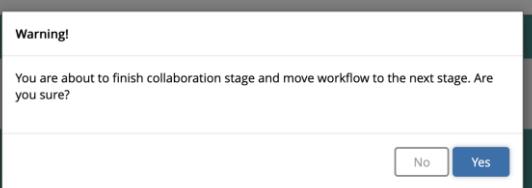
Test Name

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be



selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.2.5 OCA Review

At this stage the application is going to be reviewed by the OCA. This workflow is for the approval, so in Letter Creation tab “Approve – Draft Approval Letter” has to be selected in the OCA Decision dropdown, notes added (optional). Section 1 of the Approval Letter is going to be prefilled and editable, Section 2 may be filled in (optional):

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation

 Alabama Department of Mental Health

OCA Review

Date *
10/07/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *
We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter

Scroll down to see the Draft Approval Email and hit “Submit”:

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Great Seal of Alabama

Kay Ivey
Governor

10/07/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

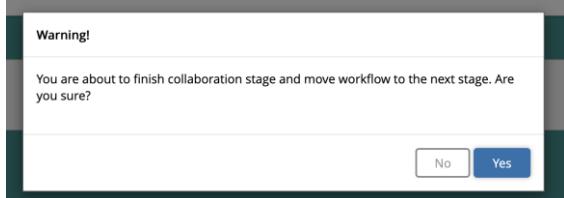
Sincerely,

Kimberly G. Boswell
Commissioner

 Alabama Department of Mental Health

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.2.6 Associate Commissioner Review

At this stage the application is going to be reviewed by the Associate Commissioner. This workflow is for the approval, so in Associate Commissioner Review tab “Forward to Commissioner” option has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added (optional), and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation
Associate Commissioner Review



Associate Commissioner Review

Date

10/07/2025

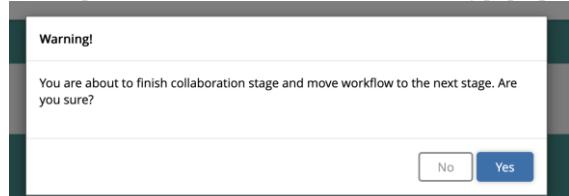
Associate Commissioner Disposition *

Forward to Commissioner

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

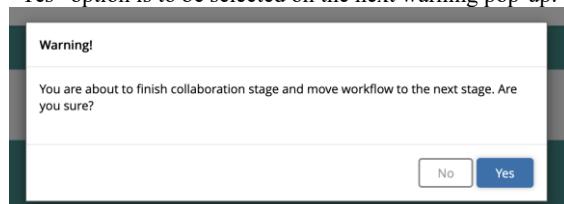
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2.7.2.7 Commissioner Review

At this stage the application is going to be reviewed by the Commissioner. This workflow is for the approval, so in Commissioner Review tab “Approve” option has to be selected in the Commissioner Disposition dropdown, Internal Comments added (optional), date selected, Signature added, and “Submitted”:

The screenshot shows the 'Commissioner Review' page. At the top, there is a navigation bar with several tabs: Application, MHSU Certification Team Selection, MHSU Certification Team Review, MHSU Program Selection, MH Program Team Selection, MH Program Coordinator Review, MH Program Director Review, MHSU Certification Director Review, MHSU Associate Commissioner, Letter Creation, Associate Commissioner Review, and Commissioner Review. The 'Commissioner Review' tab is highlighted. Below the navigation bar is the ADMH logo (Alabama Department of Mental Health) and the text 'Commissioner Review'. The form fields include: 'Date' (10/07/2025), 'Commissioner Disposition' (Approve), 'Internal Comments' (empty text area), and 'Signature' (a text area containing 'Test Name' with a signature icon). At the bottom of the form are buttons for 'Type', 'Draw', 'Upload', 'Clear', 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



NewExec#00007

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.2.8 OCA Final Submission

At this stage the application is going to be Submitted by the OCA.

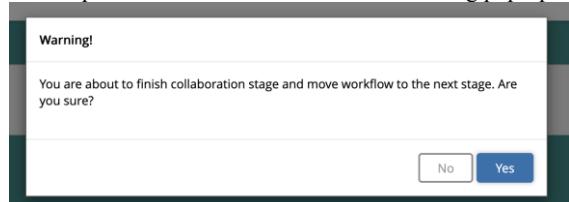


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



2.7.3.1 Substance Use Treatment Team

Substance Use Treatment Team has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

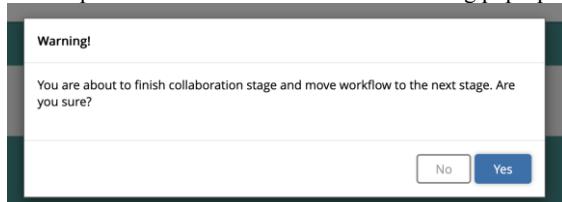
Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Substance Use Treatment Team

MH Program Director *
Last First(first.last@test.com) **SU Program Director ***
Last First(first.last@test.com) **SU Program Director Executive Assistant ***
Last First(first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.3.2 SU Program Director Review

SU Program Manager has to be selected from the pre-defined dropdown, Review Comments added (optional), and “Submitted”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection

SU Program Director Review

ADMH Alabama Department of Mental Health

Certification Application
SU Program Director Review

SU Program Manager *
Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield
Borg Ethan(borg@simpligov.com)*

Review Comments
Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

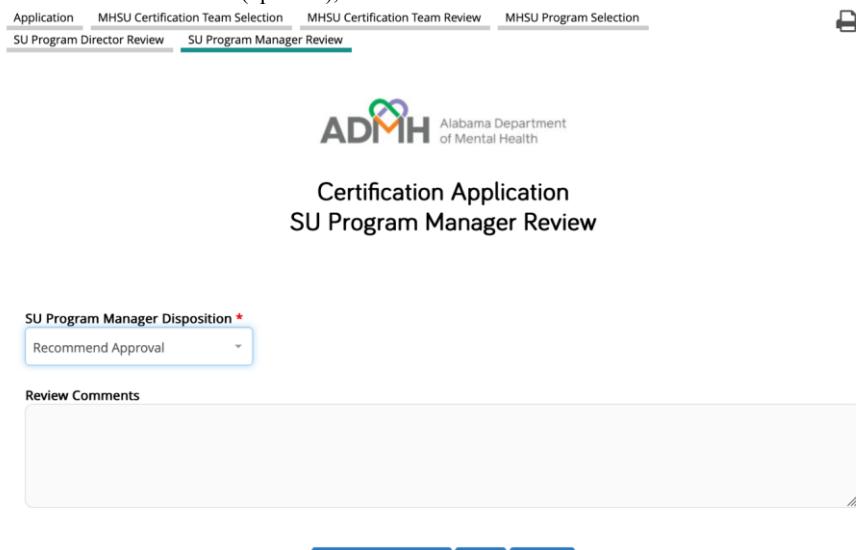
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.3.3 SU Program Manager Review

“Recommend Approval” has to be selected from the SU Program Manager Disposition dropdown, Review Comments added (optional), and “Submitted”.



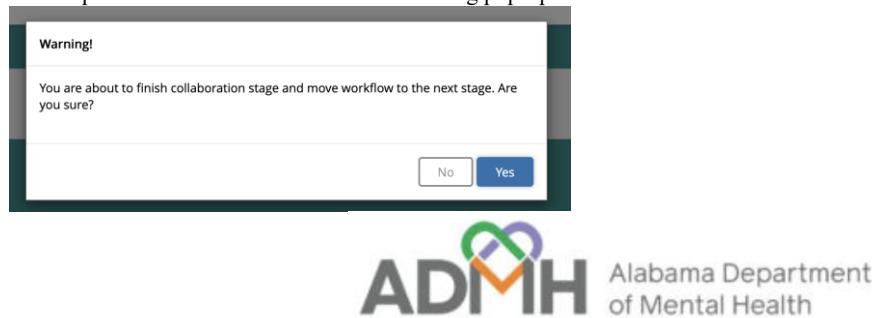
SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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2.7.3.4 MHSU Certification Director Review

“Recommend Approval” has to be selected from the Certification Director Disposition dropdown, Review Comments added (optional), and “Submitted”.



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

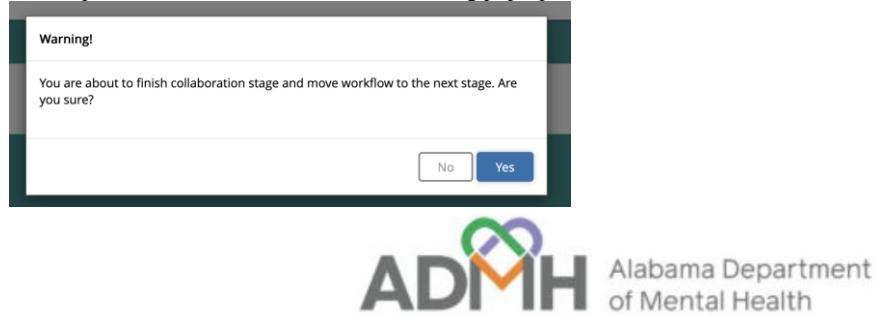
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.3.5 MHSU Associate Commissioner

“Approve” has to be selected from the Associate Commissioner Disposition dropdown, Internal Comments added (optional), Signature added, and “Submitted”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review **MHSU Associate Commissioner**



ADMH Alabama Department of Mental Health

Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

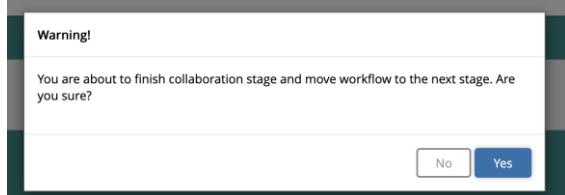
Signature *



Test Name Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.3.6 Letter Creation

“Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection

MH Family and Child Services Review

MHSU Certification Director Review

MHSU Associate Commissioner

Letter Creation



OCA Review

Date *

10/09/2025

OCA Decision *

Approve - Draft Approval Letter

Internal Comments

Test

Section 1 of the Approval Letter *

We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.DMH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

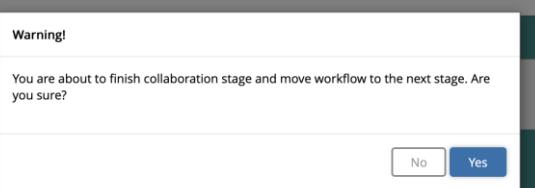
Kimberly G. Boswell

Commissioner



[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be



selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

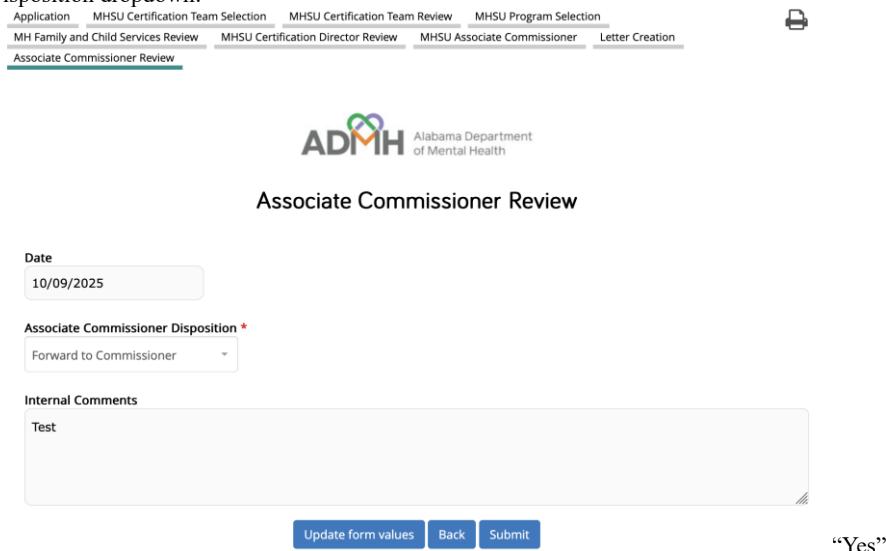
To access the application, please use the following link: [Next Stage](#)

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2.7.3.7 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



Date
10/09/2025

Associate Commissioner Disposition *

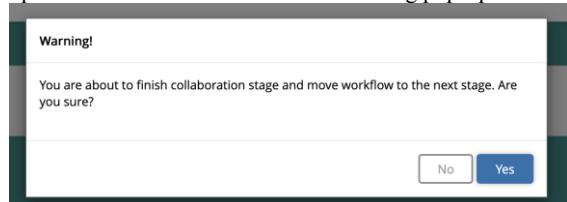
Forward to Commissioner

Internal Comments
Test

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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2.7.3.8 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

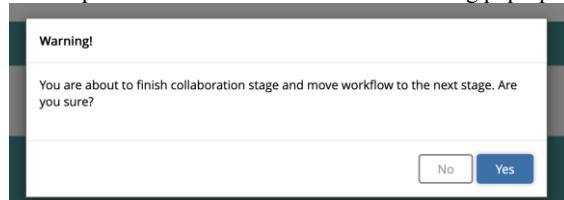


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

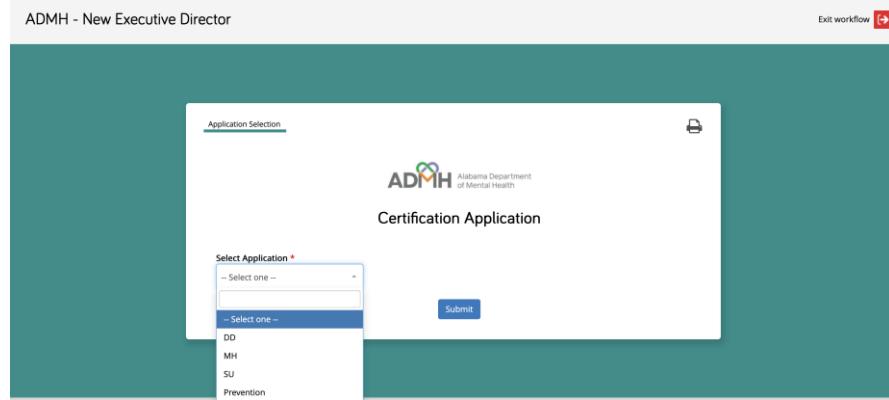
Kimberly G. Boswell
Commissioner



3. SU Workflow Start

3.1 Application Selection

To choose the path, the applicant selects the application path from the drop-down called Select Application and clicks 'Submit'.



ADMH - New Executive Director

Exit workflow 

Application Selection

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

-- Select one --

DD
MH
SU
Prevention

Submit

3.2 SU Executive Director

Once SU is selected from the drop-down, two tabs display. The applicant goes to Application to fill out New Executive Director information.



Application Selection Application

ADMH Alabama Department of Mental Health

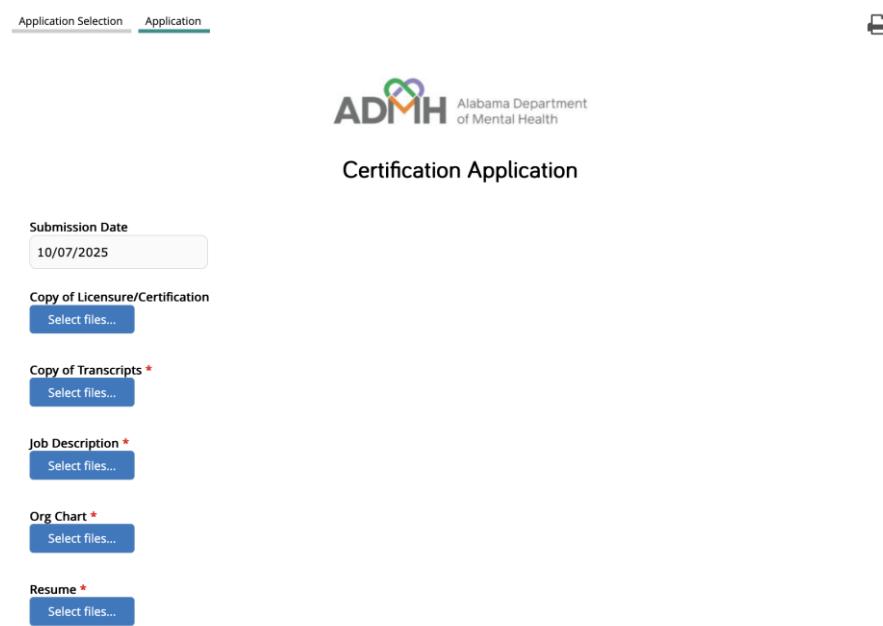
Certification Application

Select Application *

SU

Next

Select date and attach all the required files below:



Application Selection Application

ADMH Alabama Department of Mental Health

Certification Application

Submission Date
10/07/2025

Copy of Licensure/Certification
Select files...

Copy of Transcripts *
Select files...

Job Description *
Select files...

Org Chart *
Select files...

Resume *
Select files...

Fills out the required fields marked with * in the Application section.

Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Administrative Services Number *
1234
1234

Name of Agency *
Test Name

Street Address *
123 William Street

County *
Winston County

City *
Manhattan

State *
NY

Zip *
10038

Telephone *
(999) 999-9999

Type of Ownership *
 Non-Profit
 Profit
 Public

Status of Ownership *
 Individual
 Corporation
 Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *
123 William Street

Board President's Email Address *
test@email.com

Names/Titles of Officers *
Test Name and Title 1
Test Name and Title 2

Fills out the Executive Director Information including Name, Email Address, and Provider Agency Name. If "Are you employed at a different provider agency?" radio is "Yes", then checks all options that apply to applicant's position(s) at the other agency. If "Other" option is checked, fills out the corresponding field with the custom position name:

Executive Director Information

Name of New Executive Director *
Test Name

New Executive Director's Email *
test@email.com

Are you employed at a different provider agency?? *
 Yes
 No

Provider Agency Name *
Test Agency Name

What is your position(s) at the other agency?
Check all that apply *
 -Select all--
 Clinical Director
 Executive Director
 Other

Other Position *
Test Position

Adds the applicant's name and date in the Certification section, and checks the agreement:

Certification

General Comments (optional)

Any relevant information you would like the Office of Certification Administration to know.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/ fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/ setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made. *

Executive Director Signature *



Test Name

Date *

10/07/2025

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks "Submit"

Agency *

Test Agency

Address *

123 William St, New York, NY 10038, USA

Attach Supporting Documents

A submission confirmation page with the application number must display.



Application successfully submitted

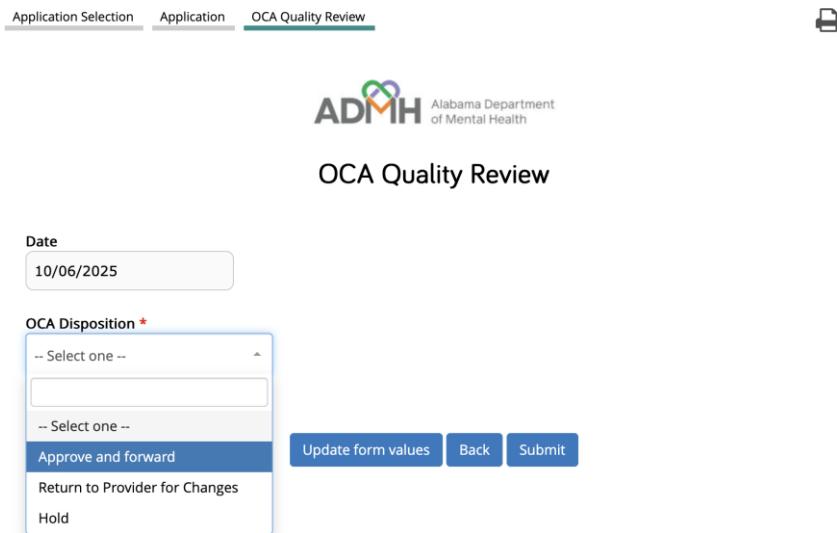
Please allow approximately 2 weeks for the initial review of your application.

NewExec#00004

Click 'Exit workflow'.

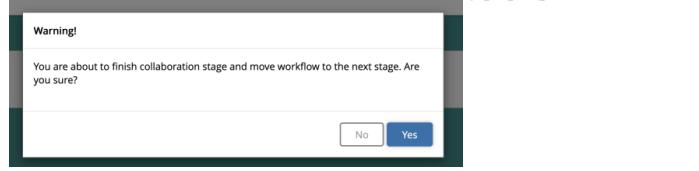
3.3 OCA Quality Review

At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option has to be selected and “Submitted”:



The screenshot shows a web-based application interface for OCA Quality Review. At the top, there are three tabs: 'Application Selection', 'Application', and 'OCA Quality Review', with 'OCA Quality Review' being the active tab. To the right of the tabs is a printer icon. Below the tabs, the Alabama Department of Mental Health (ADMH) logo is displayed. The main content area is titled 'OCA Quality Review'. A 'Date' field contains '10/06/2025'. A dropdown menu for 'OCA Disposition' is open, showing options: '-- Select one --', 'Approve and forward' (which is highlighted in blue), 'Return to Provider for Changes', and 'Hold'. At the bottom of the disposition menu are three buttons: 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00004

A thank you page will be displayed:

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

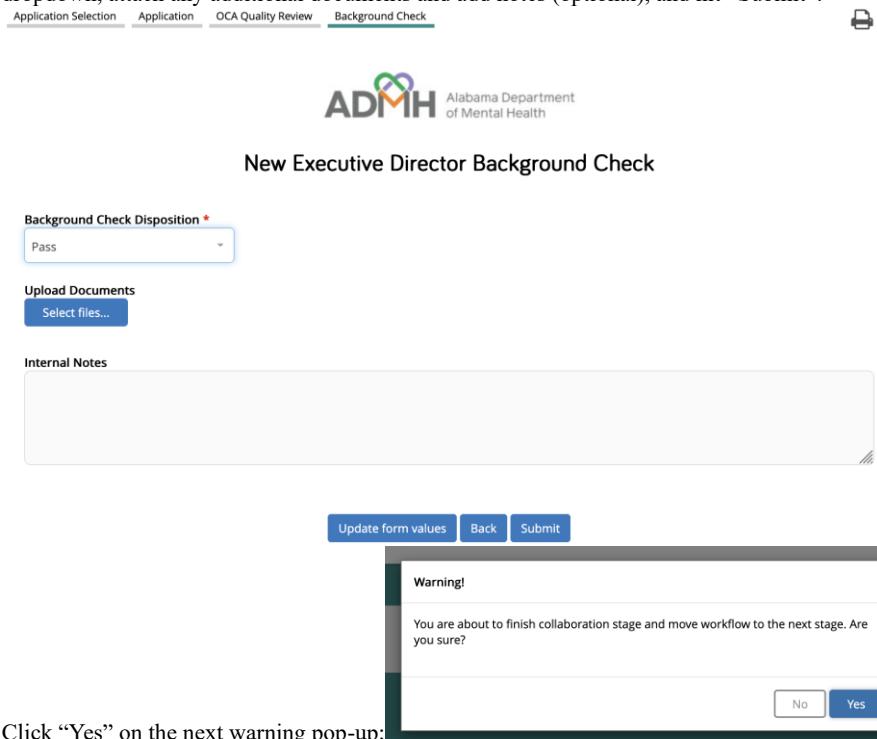
To access the application, please use the following link: [Next Stage](#)

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3.4 Background Check

At this stage the applicant is going to pass the Background Check. This workflow is for the approval, so in Background Check tab select “Pass” in the Background Check disposition dropdown, attach any additional documents and add notes (optional), and hit “Submit”:



Background Check Disposition *

Pass

Upload Documents

Select files...

Internal Notes

Update form values Back Submit

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



Thank you for your submission!

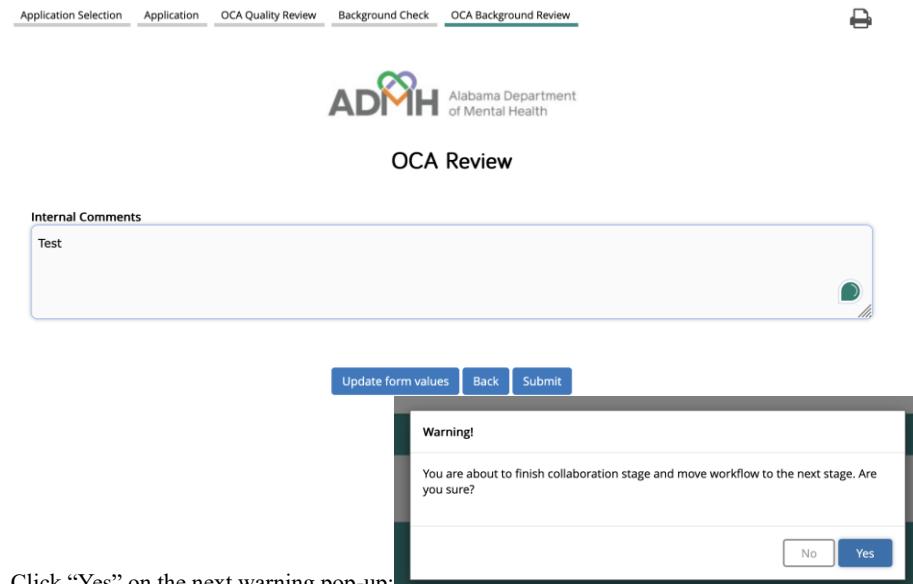
NewExec#00004

A thank you page will be displayed:

Click ‘Exit Workflow’

3.5 OCA Background Review

At this stage the background check is going to be reviewed and submitted by OCA. This workflow is for the approval, so in OCA Background Review add notes (optional), and hit “Submit”:



Application Selection Application OCA Quality Review Background Check OCA Background Review



ADMH Alabama Department of Mental Health

OCA Review

Internal Comments

Test

Update form values Back Submit

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



ADMH Alabama Department of Mental Health

Thank you for your submission!

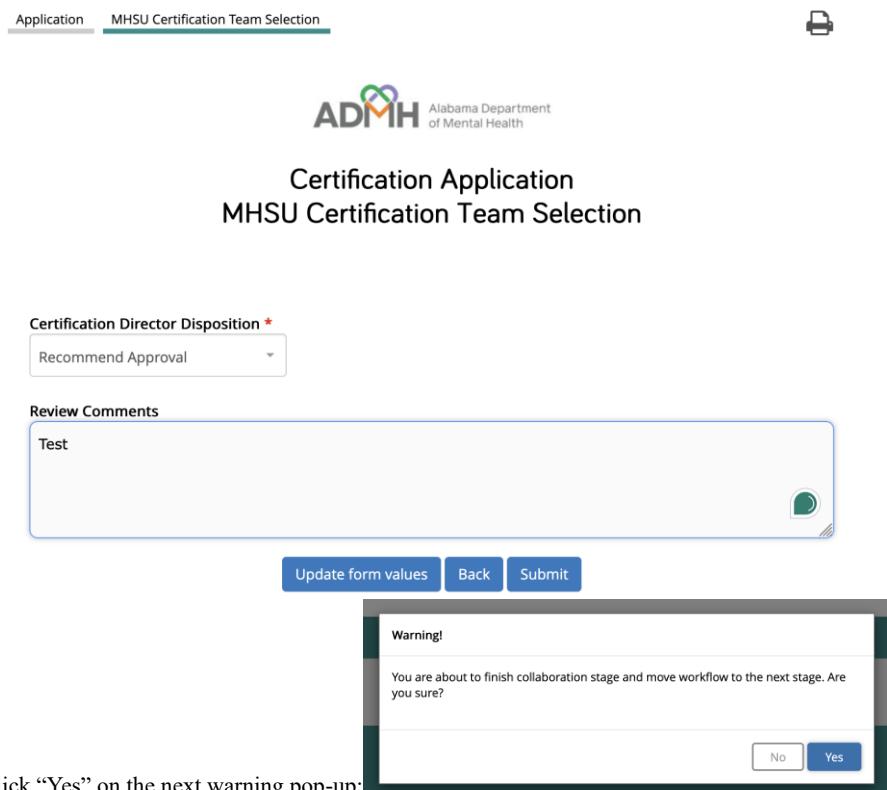
NewExec#00004

A thank you page will be displayed:

Click ‘Exit Workflow’

3.6 MHSU Certification Team Selection

At this stage the application is going to be reviewed by the MHSU Certification Team. This workflow is for the approval, so in MHSU Certification Team Selection tab select “Recommend Approval” in the Certification Director Disposition dropdown, add Review Comments (optional), and hit “Submit”:



Application MHSU Certification Team Selection

ADMH Alabama Department of Mental Health

Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Test

Update form values Back Submit

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



A thank you page will be displayed:

Click on the ‘Please follow this link to proceed’ link.

3.7 MHSU Program Selection

(Contains 3 sub-flows)

At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” has to be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program has to be selected from the list, and “Submitted”:

3.7.1.1 Child & Family Services

Child & Family Services Option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Child & Family Services

MH Program Director *
Last First(first.last@test.com)

Child & Family Services Program Director *
Last First(first.last@test.com)

Child & Family Services Program Coordinator *
x Last First (first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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3.7.1.2 MH Family and Child Services Review

“Recommend Approval” option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review



Certification Application MH Family and Child Services Review

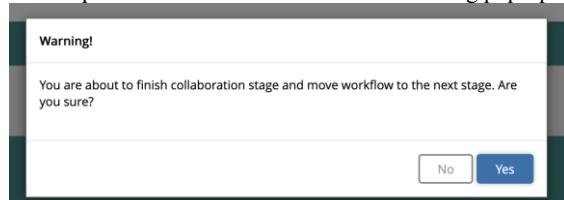
Child & Family Services Director Disposition *

Recommend Approval

Review Comments

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Alabama Department
of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

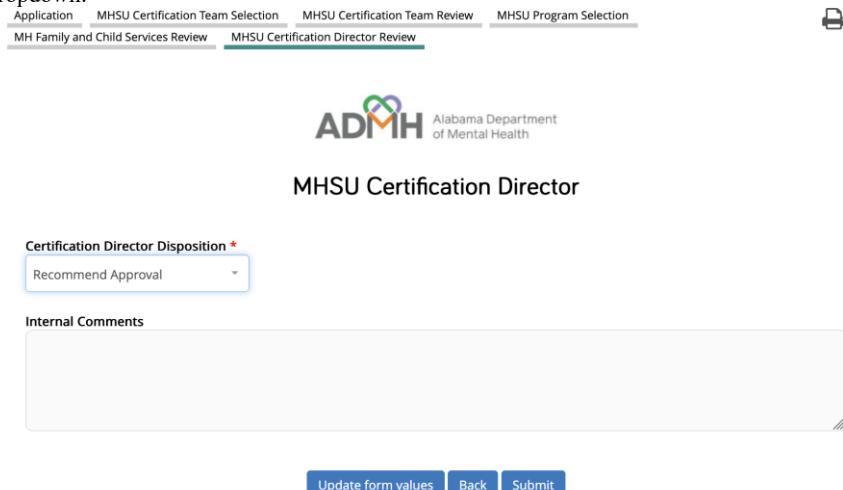
To access the application, please use the following link: [Next Stage](#)

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3.7.1.3 MHSU Certification Director Review

“Recommend Approval” option has to be selected from the Certification Director Disposition dropdown:



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

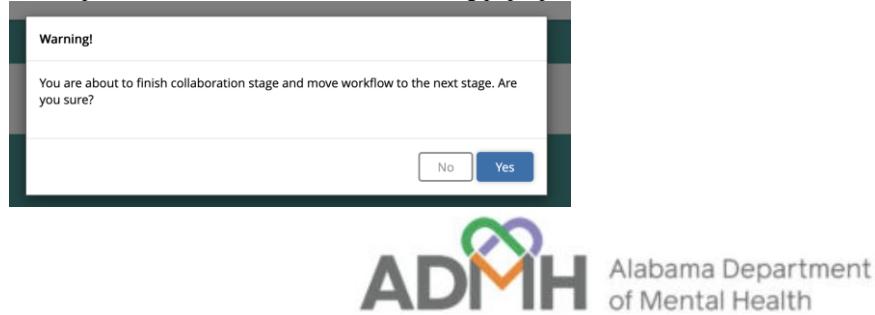
Certification Director Disposition *

Recommend Approval

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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3.7.1.4 MHSU Associate Commissioner

“Approve” option has to be selected from the Associate Commissioner Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner 



Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Internal Comments

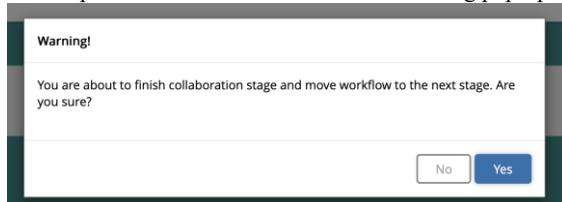
Test

Signature *

 Test Name

Type Draw Upload Clear

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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3.7.1.5 Letter Creation

“Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection

MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation



OCA Review

Date *

10/09/2025

OCA Decision *

Approve - Draft Approval Letter

Internal Comments

Test

Section 1 of the Approval Letter *

We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.DMH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

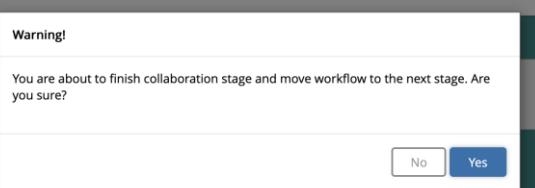
Sincerely,

Kimberly G. Boswell
Commissioner



[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be



selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.1.6 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



The screenshot shows a horizontal navigation menu with several items: Application, MHSU Certification Team Selection, MHSU Certification Team Review, MHSU Program Selection, MH Family and Child Services Review, MHSU Certification Director Review, MHSU Associate Commissioner, Letter Creation, and Associate Commissioner Review. The 'Associate Commissioner Review' item is underlined, indicating it is the active page. A printer icon is also present on the right side of the menu.



Associate Commissioner Review

Date
10/09/2025

Associate Commissioner Disposition *

Forward to Commissioner

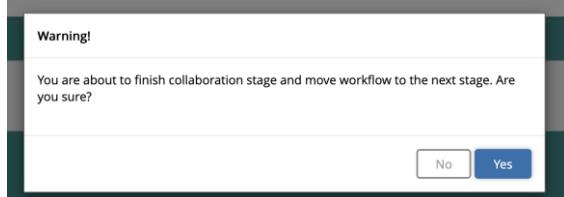
Internal Comments

Test

[Update form values](#) [Back](#) [Submit](#)

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Thank you for your submission. This record will be forwarded to OCA for final processing.

NewExec#00007

Click ‘Exit

Workflow

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.1.7 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

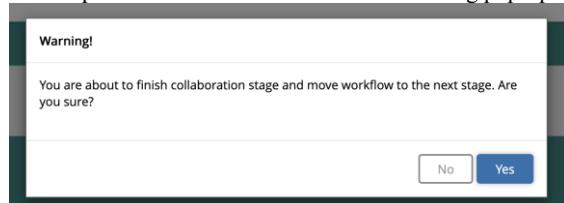


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:

Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



3.7.2.1 MH Community Programs

MH Community Programs has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review **MHSU Program Selection**

 Alabama Department of Mental Health

Certification Application MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

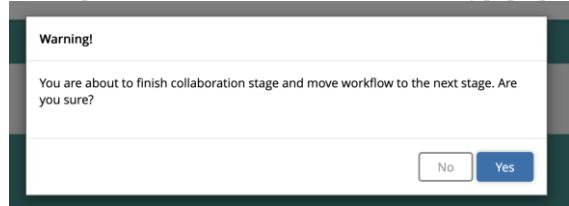
Review Comments
Test

Program *
x MH Community Programs

MH Program Director *
Last First(first.last@test.com) ▾
Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:





Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

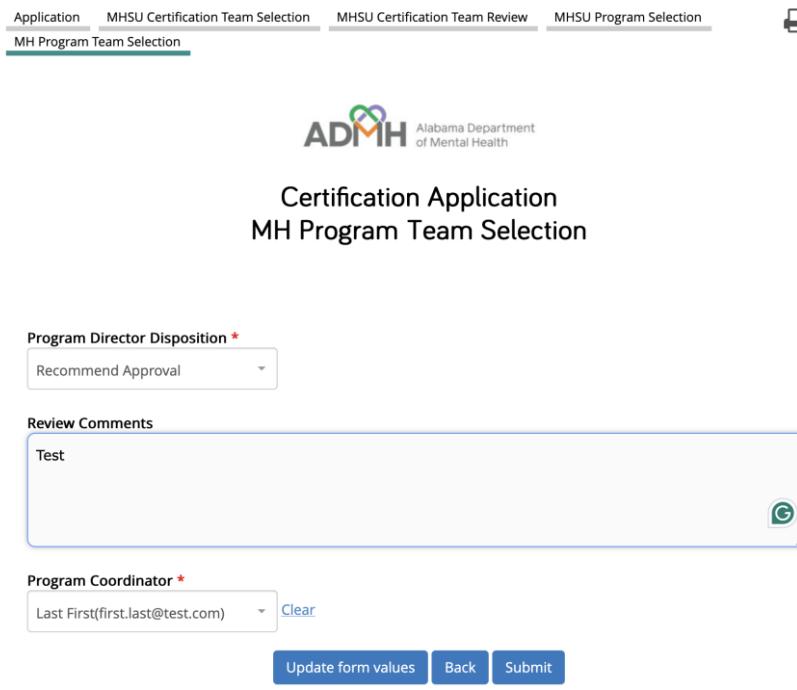
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original message.

3.7.2.2 MH Program Team Selection

At this stage the application is going to be reviewed by the MH Program Team. This workflow is for the approval, so in MH Program Team Selection tab “Recommend Approval” option has to be selected in the Program Director Disposition dropdown, Review Comments added(optional), Program Coordinator selected from the list, and “Submitted”:



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MH Program Team Selection

Program Director Disposition *
Recommend Approval

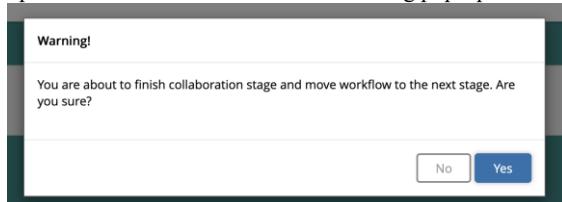
Review Comments
Test

Program Coordinator *
Last First(first.last@test.com) [Clear](#)

[Update form values](#) [Back](#) [Submit](#)

“Yes”

option is to be selected on the next warning pop-up:





Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.2.3 MHSU Certification Director Review

At this stage the application is going to be reviewed by the MHSU Certification Director. This workflow is for the approval, so in MHSU Certification Director Review tab “Recommend Approval” option has to be selected in the Certification Director Disposition dropdown, Internal Comments added(optional), and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Program Team Selection MH Program Coordinator Review MH Program Director Review
MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

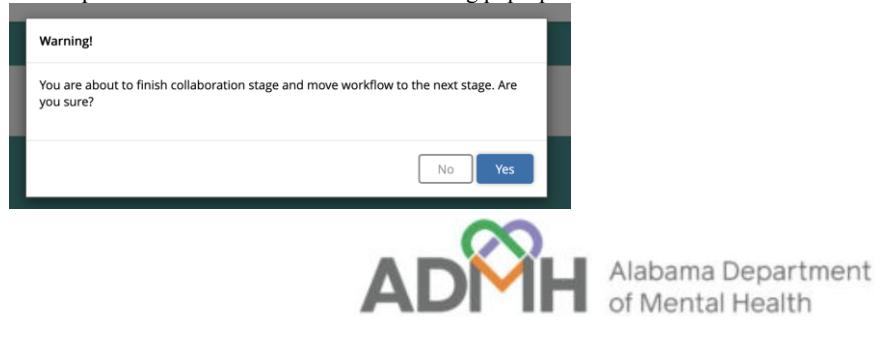
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

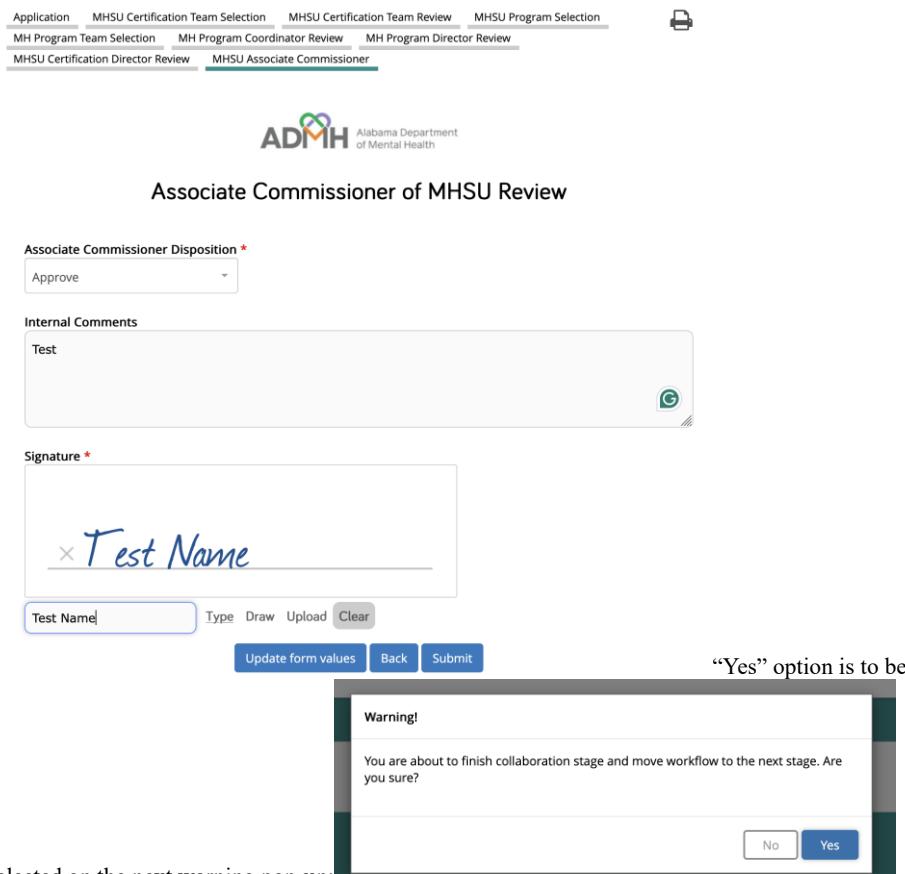
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.2.4 MHSU Associate Commissioner

At this stage the application is going to be reviewed by the Associate Commissioner of MHSU. This workflow is for the approval, so in MHSU Associate Commissioner tab “Approve” has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added(optional), Signature added, and “Submitted”:



Associate Commissioner Disposition *

Approve

Internal Comments

Test

Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

A thank you page will be displayed:
Click ‘Exit Workflow’

Thank you for your submission!

NewExec#00007

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.2.5 OCA Review

At this stage the application is going to be reviewed by the OCA. This workflow is for the approval, so in Letter Creation tab “Approve – Draft Approval Letter” has to be selected in the OCA Decision dropdown, notes added (optional). Section 1 of the Approval Letter is going to be prefilled and editable, Section 2 may be filled in (optional):

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation

 Alabama Department of Mental Health

OCA Review

Date *
10/07/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *
We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter

Scroll down to see the Draft Approval Email and hit “Submit”:

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV


Kay Ivey
Governor

10/07/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

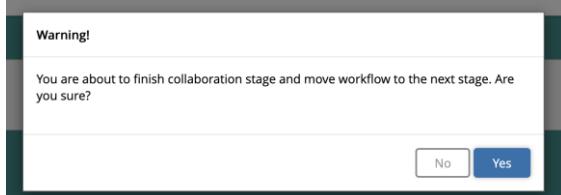
Sincerely,

Kimberly G. Boswell
Commissioner

 Alabama Department of Mental Health

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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3.7.2.6 Associate Commissioner Review At this stage the application is going to be reviewed by the Associate Commissioner. This workflow is for the approval, so in Associate Commissioner Review tab “Forward to Commissioner” option has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added (optional), and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation
Associate Commissioner Review



Associate Commissioner Review

Date

10/07/2025

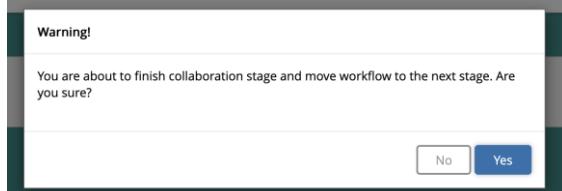
Associate Commissioner Disposition *

Forward to Commissioner

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

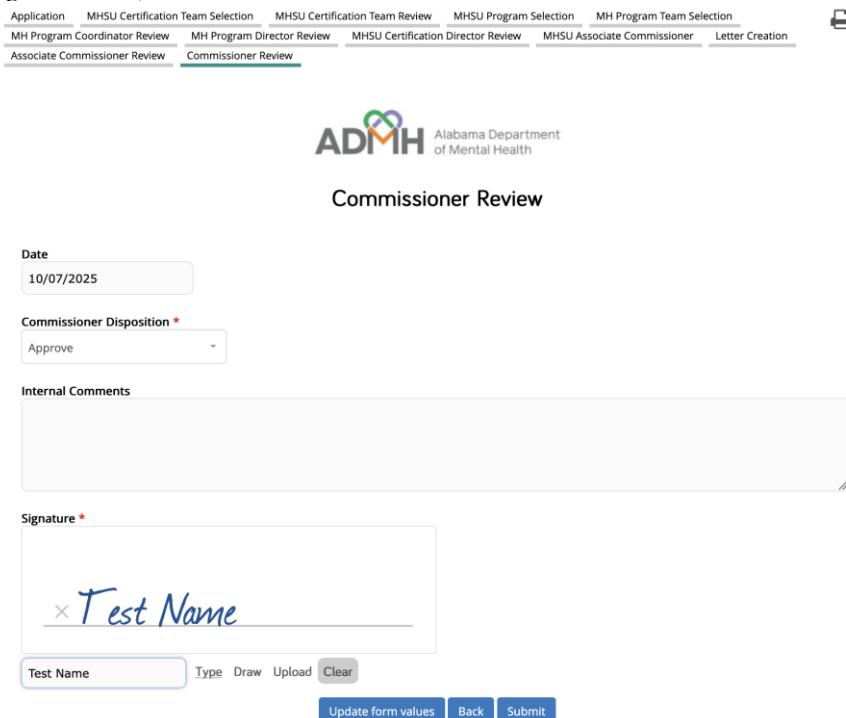
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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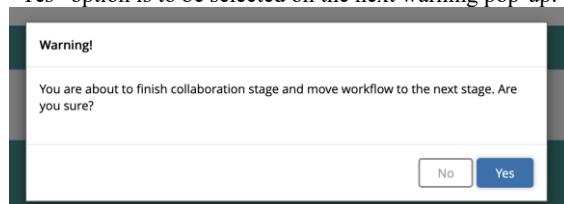
3.7.2.7 Commissioner Review

At this stage the application is going to be reviewed by the Commissioner. This workflow is for the approval, so in Commissioner Review tab “Approve” option has to be selected in the Commissioner Disposition dropdown, Internal Comments added (optional), date selected, Signature added, and “Submitted”:



The screenshot shows the 'Commissioner Review' page. At the top, there is a navigation bar with several tabs: Application, MHSU Certification Team Selection, MHSU Certification Team Review, MHSU Program Selection, MH Program Team Selection, MH Program Coordinator Review, MH Program Director Review, MHSU Certification Director Review, MHSU Associate Commissioner, Letter Creation, Associate Commissioner Review, and Commissioner Review. The 'Commissioner Review' tab is highlighted. Below the navigation bar is the ADMH logo (Alabama Department of Mental Health) with the acronym 'ADMH' in a stylized font. The main content area is titled 'Commissioner Review'. It contains fields for 'Date' (10/07/2025), 'Commissioner Disposition' (set to 'Approve'), 'Internal Comments' (a large text area), and 'Signature' (a box containing the handwritten text 'Test Name'). Below the signature box are buttons for 'Type', 'Draw', 'Upload', and 'Clear'. At the bottom of the page are buttons for 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.2.8 OCA Final Submission

At this stage the application is going to be Submitted by the OCA.

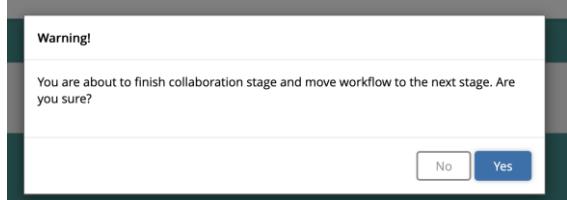


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



3.7.3.1 Substance Use Treatment Team

Substance Use Treatment Team has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

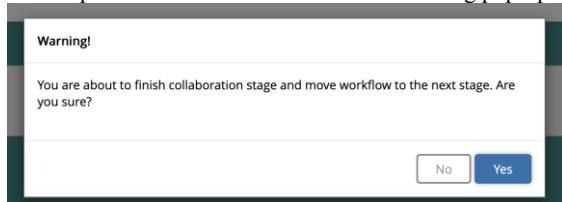
Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Substance Use Treatment Team

MH Program Director *
Last First(first.last@test.com) **SU Program Director ***
Last First(first.last@test.com) **SU Program Director Executive Assistant ***
Last First(first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.3.2 SU Program Director Review

SU Program Manager has to be selected from the pre-defined dropdown, Review Comments added (optional), and “Submitted”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review

ADMH Alabama Department of Mental Health

Certification Application
SU Program Director Review

SU Program Manager *
Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield
Borg Ethan(borg@simpligov.com)*

Review Comments
Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

ADMH Alabama Department of Mental Health

Thank you for your submission!

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

Confidentiality Notice: This email message, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, destroy all copies of the original message.

3.7.3.3 SU Program Manager Review

“Recommend Approval” has to be selected from the SU Program Manager Disposition dropdown, Review Comments added (optional), and “Submitted”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review **SU Program Manager Review**

 Alabama Department of Mental Health

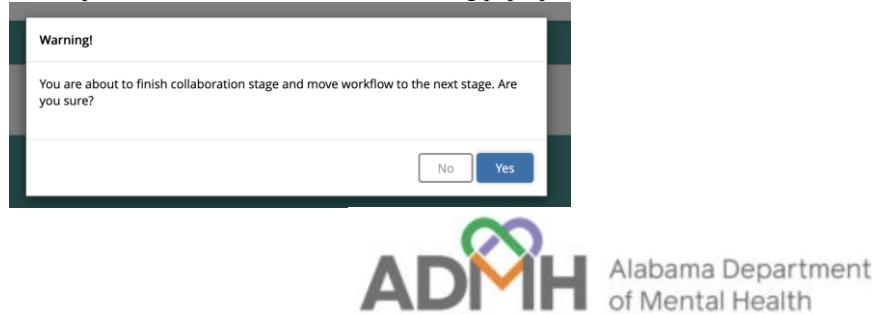
Certification Application
SU Program Manager Review

SU Program Manager Disposition *
Recommend Approval

Review Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

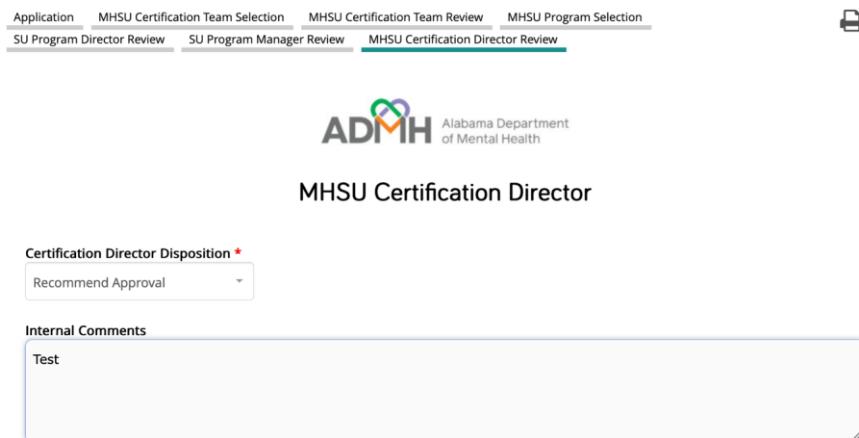
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.3.4 MHSU Certification Director Review

“Recommend Approval” has to be selected from the Certification Director Disposition dropdown, Review Comments added (optional), and “Submitted”.



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

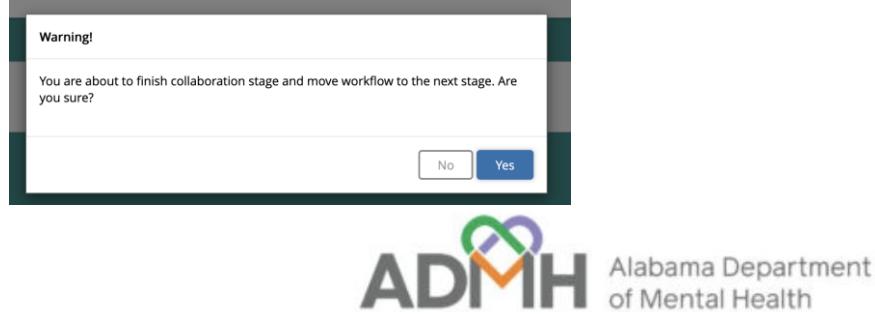
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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3.7.3.5 MHSU Associate Commissioner

“Approve” has to be selected from the Associate Commissioner Disposition dropdown, Internal Comments added (optional), Signature added, and “Submitted”.

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review **MHSU Associate Commissioner**



Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

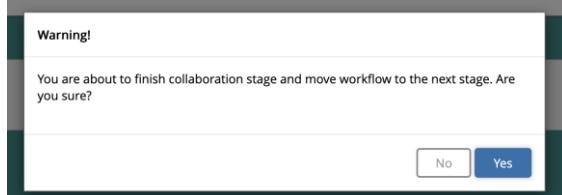
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Alabama Department
of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.3.6 Letter Creation

“Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation

 Alabama Department of Mental Health

OCA Review

Date *
10/09/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *
We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter

 STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONROVIA, AL 36010-4110
WWW.MH.ALABAMA.GOV

 Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

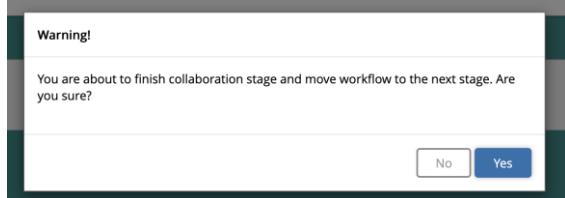
Sincerely,

Kimberly G. Boswell
Commissioner

 Alabama Department of Mental Health

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

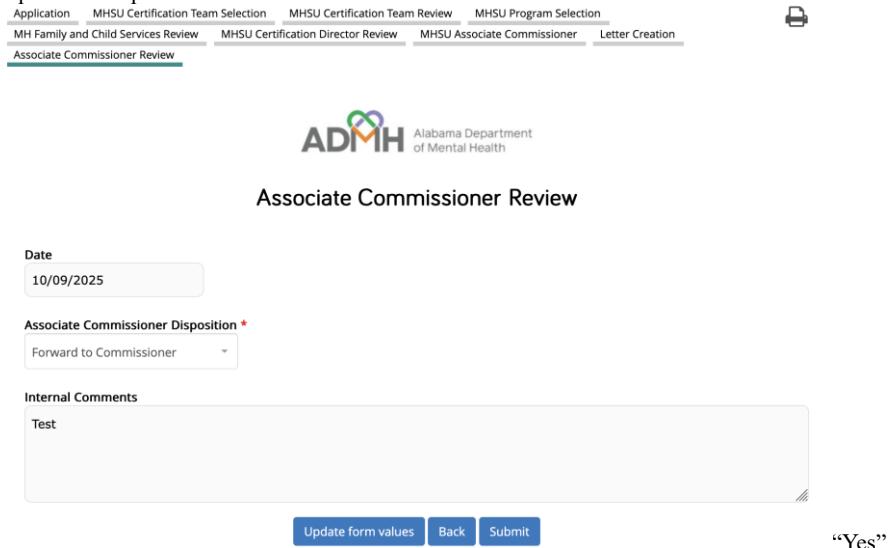
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.3.7 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



Date
10/09/2025

Associate Commissioner Disposition *

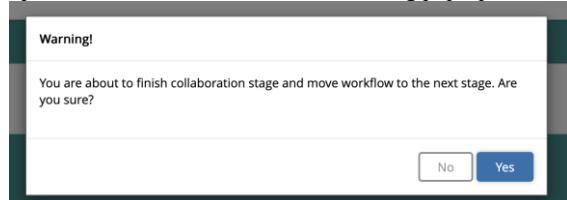
Forward to Commissioner

Internal Comments
Test

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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3.7.3.8 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

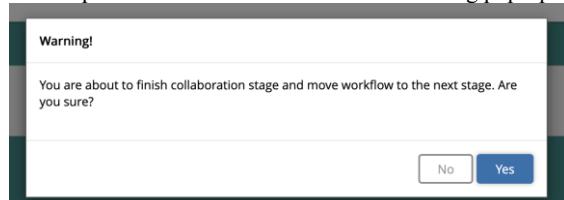


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

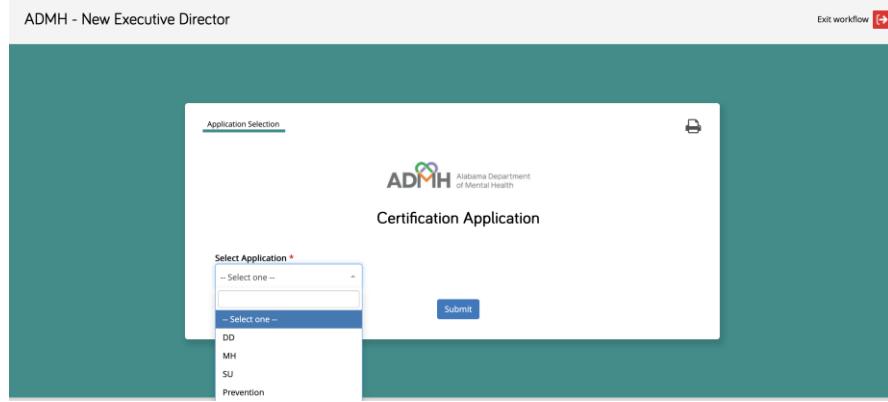
Kimberly G. Boswell
Commissioner



4. Prevention Workflow Start

4.1 Application Selection

To choose the path, the applicant selects the application path from the drop-down called Select Application and clicks 'Submit'.



ADMH - New Executive Director

Exit workflow 

Application Selection

ADMH Alabama Department of Mental Health

Certification Application

Select Application *

-- Select one --

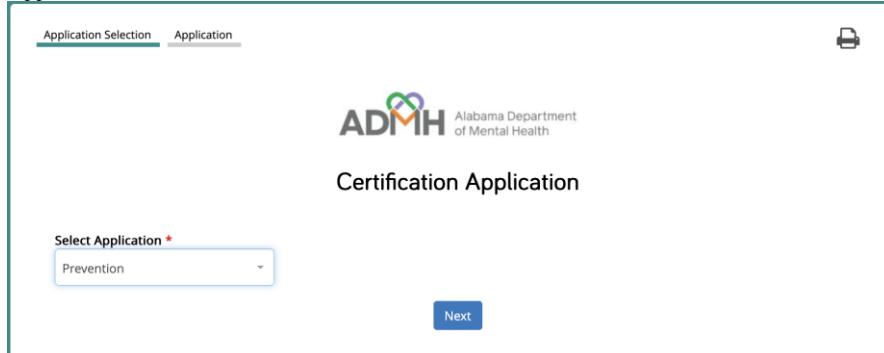
-- Select one --

DD
MH
SU
Prevention

Submit

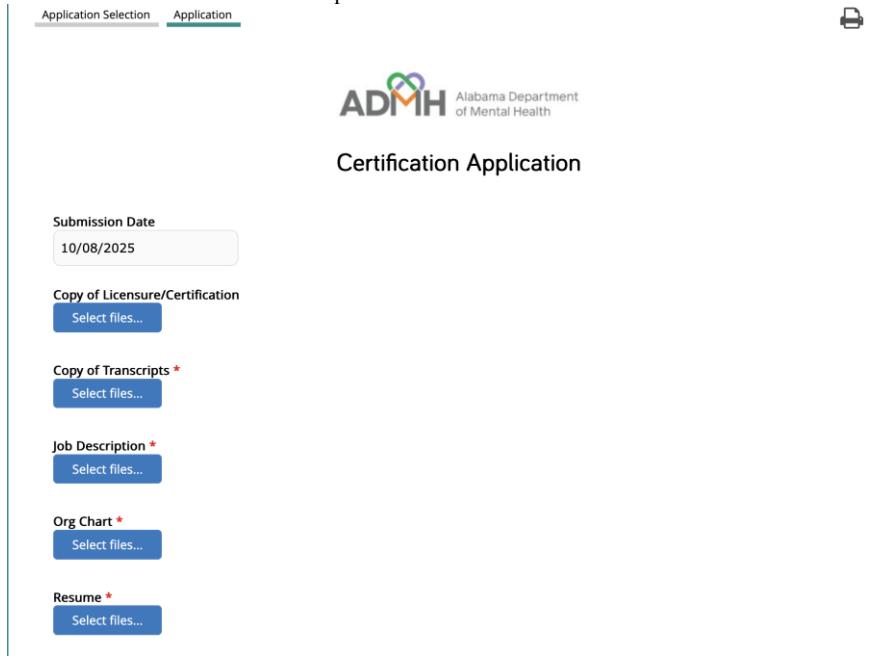
4.2 Prevention Executive Director

Once Prevention is selected from the drop-down, two tabs display. The applicant goes to Application to fill out New Executive Director information.



The screenshot shows the 'Application Selection' tab active. At the top, there are two tabs: 'Application Selection' (underlined in green) and 'Application'. Below the tabs is the ADMH logo (Alabama Department of Mental Health) and the text 'Certification Application'. A dropdown menu labeled 'Select Application *' shows 'Prevention' selected. A blue 'Next' button is at the bottom right.

Selects date and attaches all the required files below:



The screenshot shows the 'Application' tab active. At the top, there are two tabs: 'Application Selection' and 'Application' (underlined in green). Below the tabs is the ADMH logo and the text 'Certification Application'. The page contains several required file attachments with 'Select files...' buttons: 'Submission Date' (10/08/2025), 'Copy of Licensure/Certification', 'Copy of Transcripts *', 'Job Description *', 'Org Chart *', and 'Resume *'. A blue 'Next' button is at the bottom right.

Fills out the required fields marked with * in the Application section.

Address fields will pre-populate as soon as the applicant starts entering it and selects from the options that appear.

Applicant

Administrative Services Number *

1234

1234

Name of Agency *

Test Name

Street Address *

123 William Street

County *

Winston County

City *

Manhattan

State *

NY

Zip *

10038

Telephone *

(999) 999-9999

Type of Ownership *

- Non-Profit
- Profit
- Public

Status of Ownership *

- Individual
- Corporation
- Partnership

Fills out the Board Member Information including Board President's Mailing Address, Email Address, and Names/Titles of Officers:

Board Member Information

Board President's Mailing Address *

123 William Street

Board President's Email Address *

test@email.com

Names/Titles of Officers *

Test Name and Title 1
Test Name and Title 2

Fills out the Executive Director Information including Name, Email Address, and Provider Agency Name. If "Are you employed at a different provider agency?" radio is "Yes", then checks all options that apply to applicant's position(s) at the other agency. If "Other" option is checked, fills out the corresponding field with the custom position name:

Executive Director Information

Name of New Executive Director *

Test Name

New Executive Director's Email *

test@email.com

Are you employed at a different provider agency?? *

- Yes
- No

Provider Agency Name *

Test Agency Name

What is your position(s) at the other agency? Check all that apply *

- Select all-
- Clinical Director
- Executive Director
- Other

Other Position *

Test Position

Adds the applicant's name and date in the Certification section, and checks the agreement:

Certification

General Comments (optional)

Any relevant information you would like the Office of Certification Administration to know.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge. I understand that untruthful/fraudulent information may be cause for denial of my application. No future applications will be considered. Also, I agree to operate said facility/ setting in accordance with the Rules and regulations promulgated by the law(s) governing the operation and maintenance of the type of facility/setting for which this application is made.*

Executive Director Signature *

 Test Name

Test Name

Date *

10/08/2025

Fills out the Agency name and Address together with the Supporting Documents (optional) and clicks "Submit"

Agency *

Test Agency

Address *

123 William St, New York, NY, 10038, USA

Attach Supporting Documents

A submission confirmation page with the application number must display.



Alabama Department
of Mental Health

Application successfully submitted

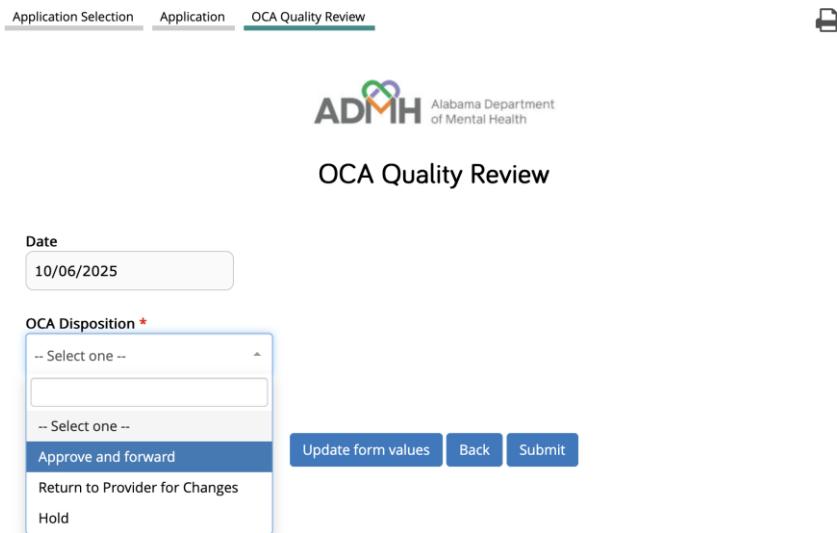
Please allow approximately 2 weeks for the initial review of your application.

NewExec#00005

Click 'Exit workflow'.

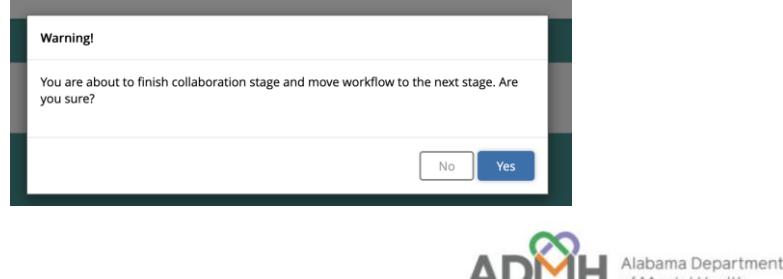
4.3 OCA Quality Review

At this stage the application is going to be reviewed by OCA, approved, Returned or set on Hold. This scenario is for the approval, so in OCA Quality Review tab “Approve and forward” option has to be selected and “Submitted”:



The screenshot shows a web-based application interface. At the top, there are three tabs: "Application Selection", "Application", and "OCA Quality Review", with "OCA Quality Review" being the active tab. To the right of the tabs is a printer icon. Below the tabs is the ADMH logo (Alabama Department of Mental Health) with the text "Alabama Department of Mental Health". The main content area is titled "OCA Quality Review". It contains a "Date" field with the value "10/06/2025". Below this is a dropdown menu labeled "OCA Disposition *". The dropdown menu has the following options: "Select one", "Approve and forward" (which is highlighted in blue), "Return to Provider for Changes", and "Hold". At the bottom of the dropdown menu are three buttons: "Update form values", "Back", and "Submit".

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00005

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00006
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.4 Background Check

At this stage the applicant is going to pass the Background Check. This workflow is for the approval, so in Background Check tab select “Pass” in the Background Check disposition dropdown, attach any additional documents and add notes (optional), and hit “Submit”:

Application Selection Application OCA Quality Review **Background Check**



New Executive Director Background Check

Background Check Disposition *

Pass

Upload Documents

Select files...

Internal Notes

Test

Update form values Back Submit

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



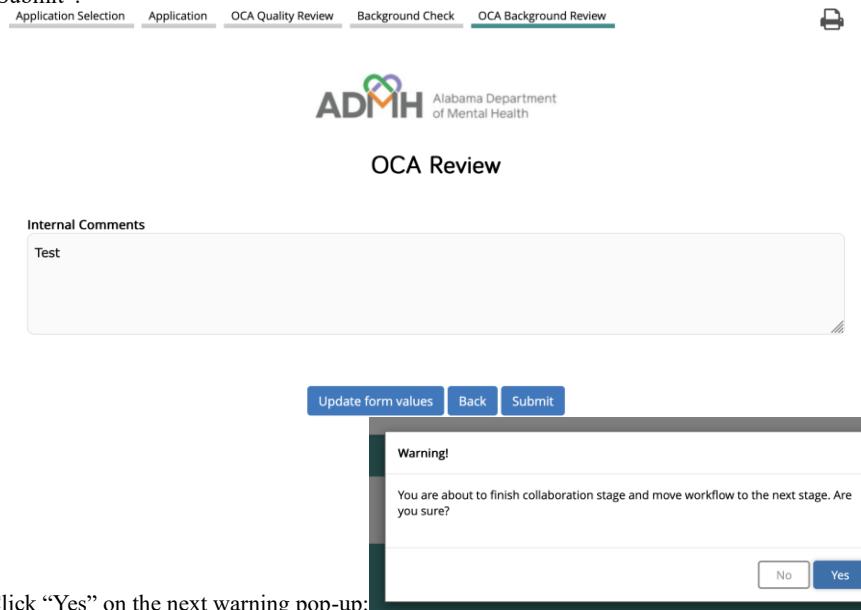
Thank you for your submission!

NewExec#00005

A thank you page will be displayed:
Click ‘Exit Workflow’

4.5 OCA Background Review

At this stage the background check is going to be reviewed and submitted by OCA. This workflow is for the approval, so in OCA Background Review add notes (optional), and hit “Submit”:



Application Selection Application OCA Quality Review Background Check OCA Background Review 

ADMH Alabama Department of Mental Health

OCA Review

Internal Comments

Test

Update form values Back Submit

Warning!
You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



ADMH Alabama Department of Mental Health

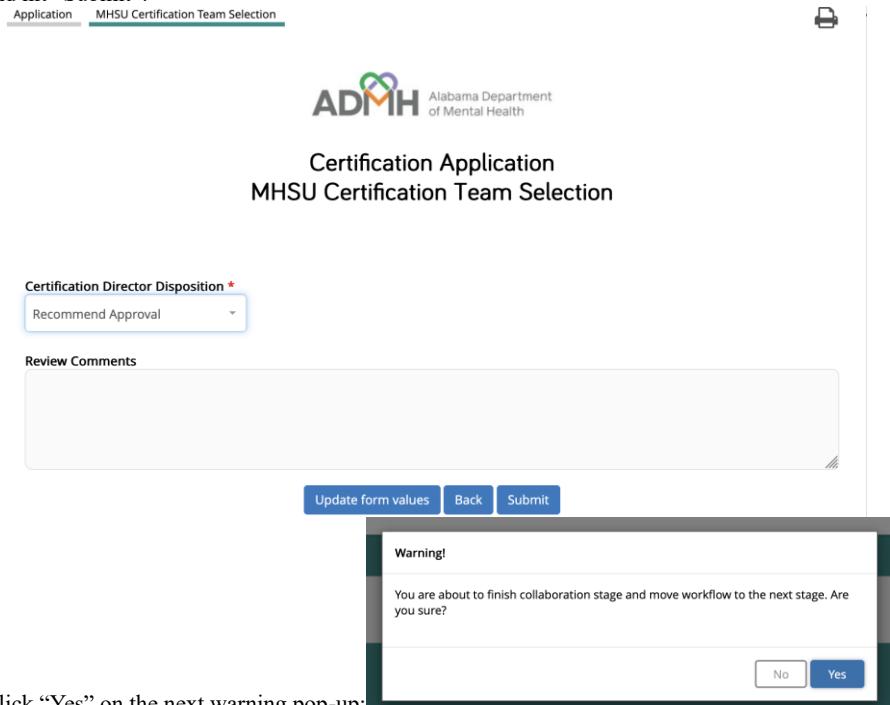
Thank you for your submission!

NewExec#00005

A thank you page will be displayed:
Click ‘Exit Workflow’

4.6 MHSU Certification Team Selection

At this stage the application is going to be reviewed by the MHSU Certification Team. This workflow is for the approval, so in MHSU Certification Team Selection tab select “Recommend Approval” in the Certification Director Disposition dropdown, add Review Comments (optional), and hit “Submit”:



Certification Application
MHSU Certification Team Selection

Certification Director Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

Click “Yes” on the next warning pop-up:



Submission Successful - Please follow this link to proceed.

A thank you page will be displayed:

Click on the ‘Please follow this link to proceed’ link.

4.7 MHSU Program Selection*(Contains 3 sub-flows)*

At this stage the application is going to be reviewed by the MHSU Program Director. This workflow is for the approval, so in MHSU Program Selection tab “Forward to Program Team” has to be selected in the Certification Director disposition dropdown, Review Comments added (optional), a Program has to be selected from the list, and “Submitted”:

4.7.1.1 Child & Family Services

Child & Family Services Option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Child & Family Services

MH Program Director *
Last First(first.last@test.com)

Child & Family Services Program Director *
Last First(first.last@test.com)

Child & Family Services Program Coordinator *
x Last First (first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.1.2 MH Family and Child Services Review

“Recommend Approval” option has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review



Certification Application MH Family and Child Services Review

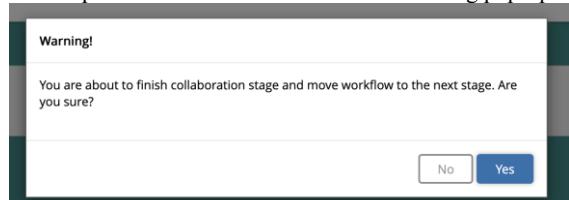
Child & Family Services Director Disposition *

Recommend Approval

Review Comments

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Alabama Department
of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.1.3 MHSU Certification Director Review

“Recommend Approval” option has to be selected from the Certification Director Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review

MHSU Certification Director

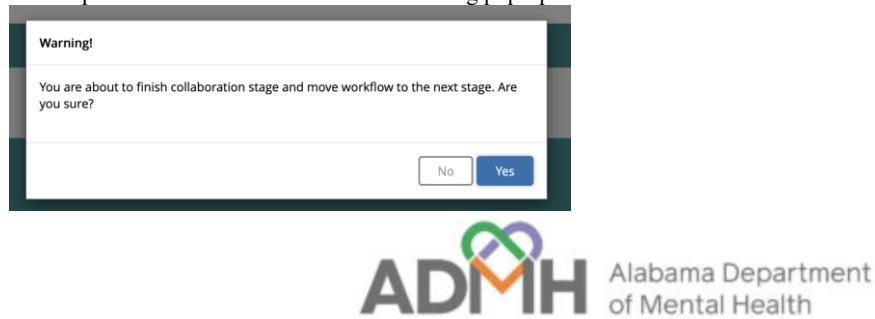
Certification Director Disposition *

Recommend Approval

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.1.4 MHSU Associate Commissioner

“Approve” option has to be selected from the Associate Commissioner Disposition dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner 



Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

Test

Signature *

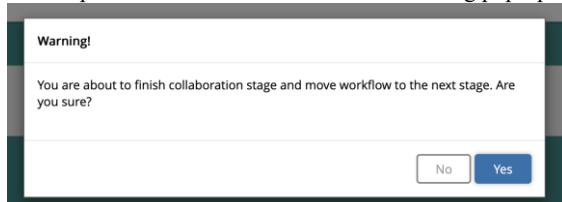
 Test Name

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.1.5 Letter Creation

“Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation



OCA Review

Date *
10/09/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *
We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.DMH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

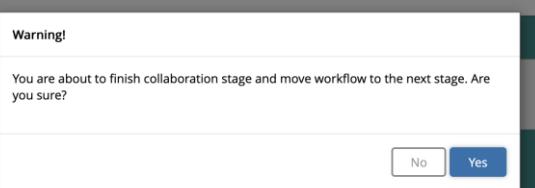
Kimberly G. Boswell

Commissioner



[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be



selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

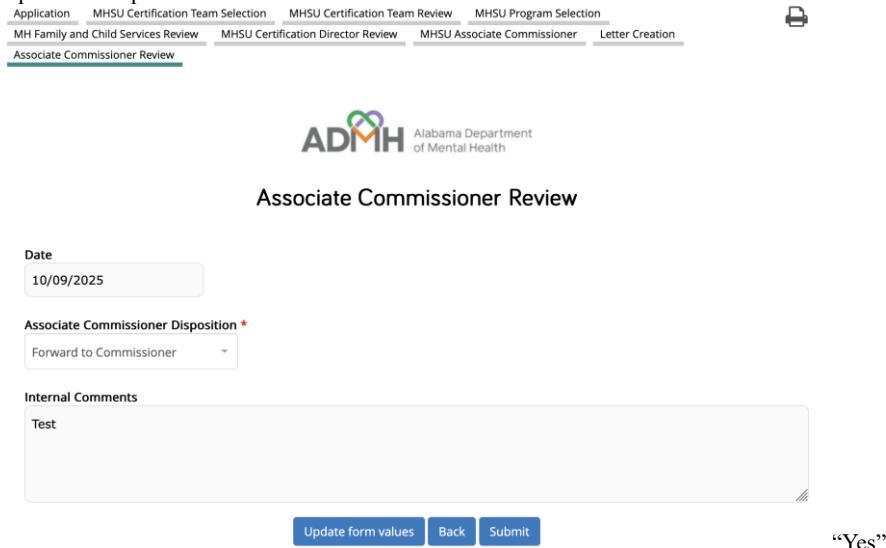
To access the application, please use the following link: [Next Stage](#)

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4.7.1.6 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



Date
10/09/2025

Associate Commissioner Disposition *

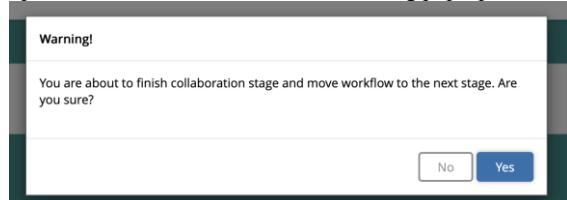
Forward to Commissioner

Internal Comments
Test

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

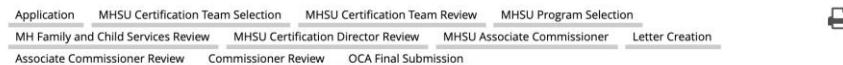
To access the application, please use the following link: [Next Stage](#)

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4.7.1.7 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

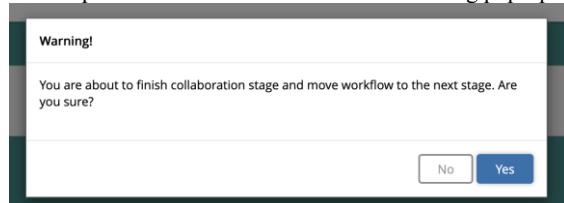


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



4.7.2.1 MH Community Programs

MH Community Programs has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review **MHSU Program Selection**

 Alabama Department of Mental Health

Certification Application MHSU Program Selection

Certification Director Disposition *
Forward to Program Team

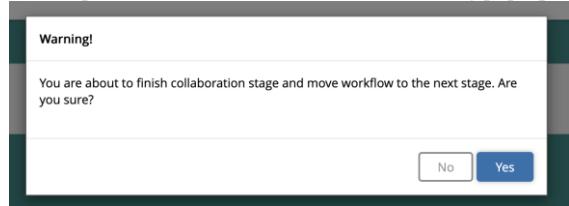
Review Comments
Test

Program *
x MH Community Programs

MH Program Director *
Last First(first.last@test.com) ▾
Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:





Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.7.2.2 MH Program Team Selection

At this stage the application is going to be reviewed by the MH Program Team. This workflow is for the approval, so in MH Program Team Selection tab “Recommend Approval” option has to be

selected in the Program Director Disposition dropdown, Review Comments added(optional), Program Coordinator selected from the list, and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 



Certification Application MH Program Team Selection

Program Director Disposition *

Recommend Approval 

Review Comments

Test



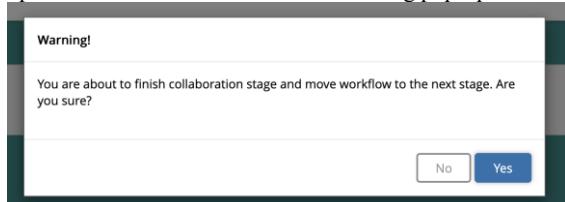
Program Coordinator *

Last First(first.last@test.com)  

“Yes”

option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.2.3 MHSU Certification Director Review

At this stage the application is going to be reviewed by the MHSU Certification Director. This workflow is for the approval, so in MHSU Certification Director Review tab “Recommend Approval” option has to be selected in the Certification Director Disposition dropdown, Internal Comments added(optional), and “Submitted”:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Program Team Selection MH Program Coordinator Review MH Program Director Review
MHSU Certification Director Review

ADMH Alabama Department of Mental Health

MHSU Certification Director

Certification Director Disposition *

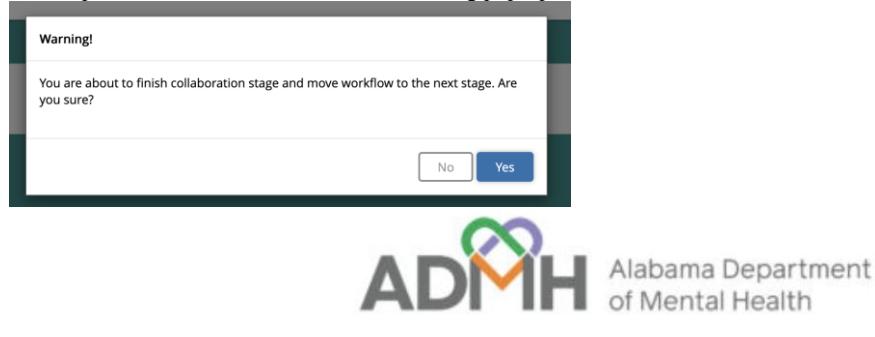
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

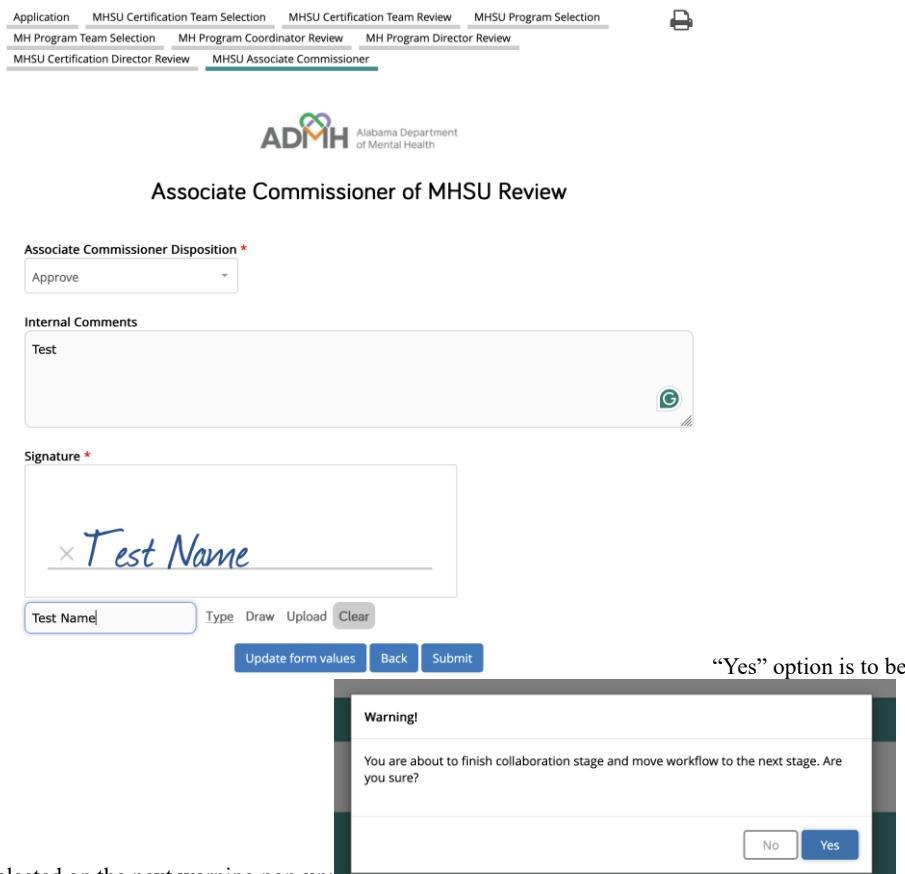
To access the application, please use the following link: [Next Stage](#)

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4.7.2.4 MHSU Associate Commissioner

At this stage the application is going to be reviewed by the Associate Commissioner of MHSU. This workflow is for the approval, so in MHSU Associate Commissioner tab “Approve” has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added(optional), Signature added, and “Submitted”:



Associate Commissioner Disposition *

Approve

Internal Comments

Test

Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:

Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.7.2.5 OCA Review

At this stage the application is going to be reviewed by the OCA. This workflow is for the approval, so in Letter Creation tab “Approve – Draft Approval Letter” has to be selected in the OCA Decision dropdown, notes added (optional). Section 1 of the Approval Letter is going to be prefilled and editable, Section 2 may be filled in (optional):

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection MH Program Team Selection
MH Program Coordinator Review MH Program Director Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation

 Alabama Department of Mental Health

OCA Review

Date *
10/07/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *
We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter

Scroll down to see the Draft Approval Email and hit “Submit”:

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV


Kay Ivey
Governor

10/07/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Kimberly G. Boswell
Commissioner

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

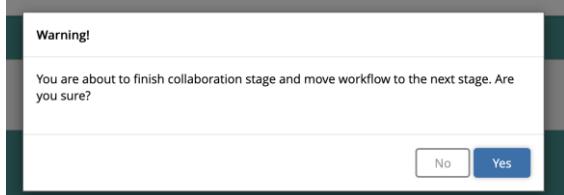
Sincerely,

Kimberly G. Boswell
Commissioner

 Alabama Department of Mental Health

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

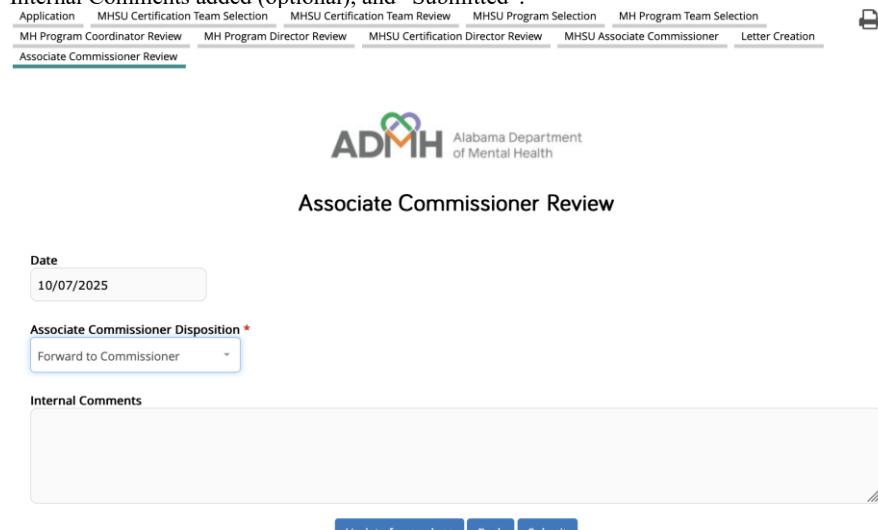
To access the application, please use the following link: [Next Stage](#)

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4.7.2.6 Associate Commissioner Review

At this stage the application is going to be reviewed by the Associate Commissioner. This workflow is for the approval, so in Associate Commissioner Review tab “Forward to Commissioner” option has to be selected in the Associate Commissioner Disposition dropdown, Internal Comments added (optional), and “Submitted”:



Date 10/07/2025

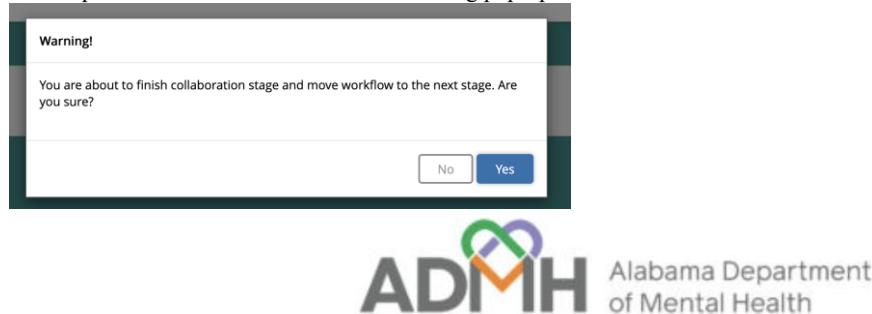
Associate Commissioner Disposition *

Forward to Commissioner

Internal Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A Certification Application for New Executive Director has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

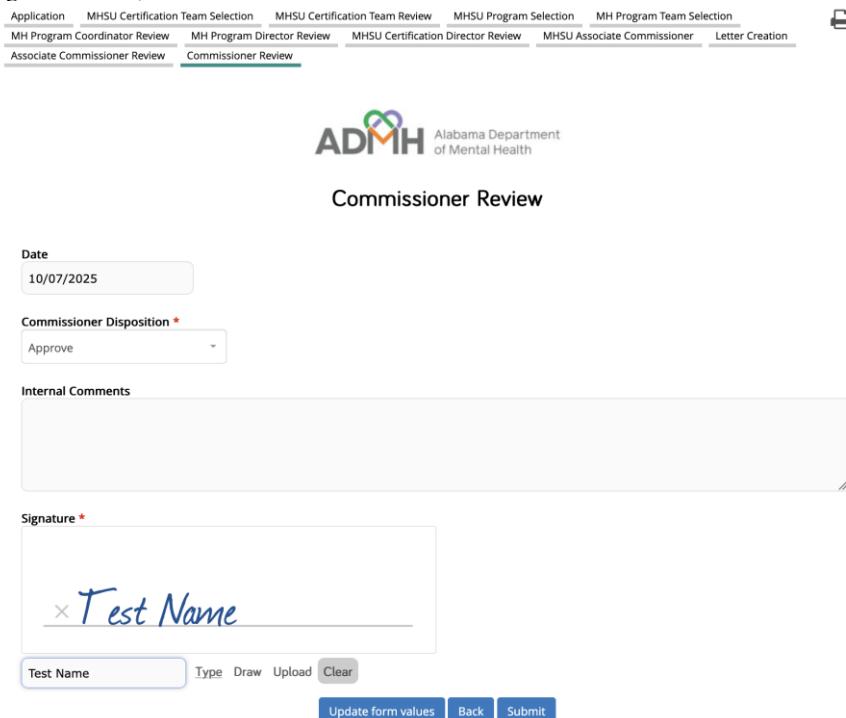
To access the application, please use the following link: [Next Stage](#)

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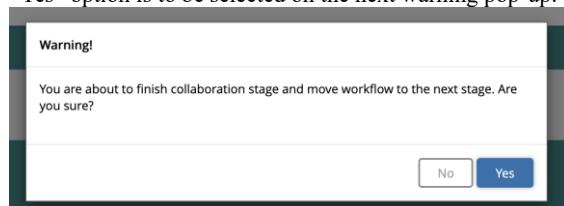
4.7.2.7 Commissioner Review

At this stage the application is going to be reviewed by the Commissioner. This workflow is for the approval, so in Commissioner Review tab “Approve” option has to be selected in the Commissioner Disposition dropdown, Internal Comments added (optional), date selected, Signature added, and “Submitted”:



The screenshot shows the 'Commissioner Review' page. At the top, there is a navigation bar with several tabs: Application, MHSU Certification Team Selection, MHSU Certification Team Review, MHSU Program Selection, MH Program Team Selection, MH Program Coordinator Review, MH Program Director Review, MHSU Certification Director Review, MHSU Associate Commissioner, Letter Creation, Associate Commissioner Review, and Commissioner Review. The 'Commissioner Review' tab is highlighted. Below the navigation bar is the ADMH logo (Alabama Department of Mental Health) with its name in a stylized font. The main content area is titled 'Commissioner Review'. It contains fields for 'Date' (10/07/2025), 'Commissioner Disposition' (set to 'Approve'), 'Internal Comments' (a large text area), and 'Signature' (a box containing the handwritten text 'Test Name'). Below the signature box are buttons for 'Type', 'Draw', 'Upload', and 'Clear'. At the bottom of the page are buttons for 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

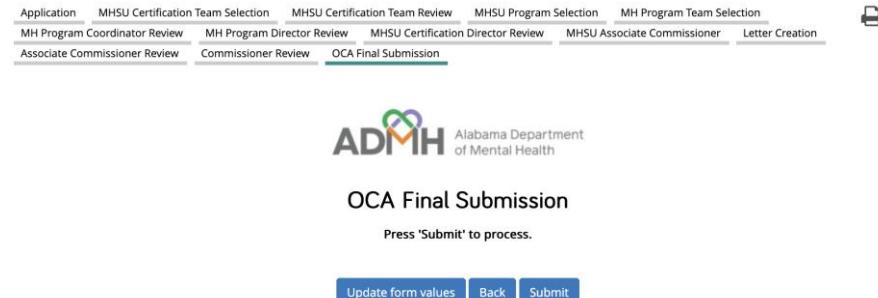
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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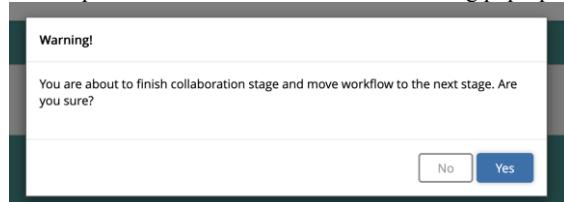
4.7.2.8 OCA Final Submission

At this stage the application is going to be Submitted by the OCA.



The screenshot shows a workflow navigation bar at the top with the following steps: Application, MHSU Certification Team Selection, MHSU Certification Team Review, MHSU Program Selection, MH Program Team Selection, MH Program Coordinator Review, MH Program Director Review, MHSU Certification Director Review, MHSU Associate Commissioner, Letter Creation, Associate Commissioner Review, Commissioner Review, and OCA Final Submission. The 'OCA Final Submission' step is highlighted with a green underline. Below the navigation bar is the ADMH logo (Alabama Department of Mental Health) and the title 'OCA Final Submission'. A message below the title says 'Press 'Submit' to process.' At the bottom are three buttons: 'Update form values', 'Back', and 'Submit'.

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner



4.7.3.1 Substance Use Treatment Team

Substance Use Treatment Team has to be selected from the Program dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection 

ADMH Alabama Department of Mental Health

Certification Application
MHSU Program Selection

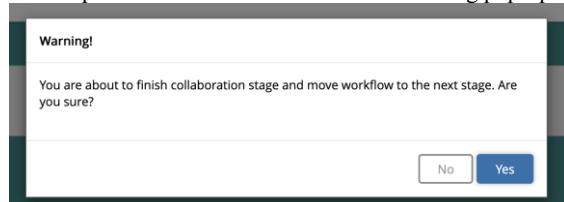
Certification Director Disposition *
Forward to Program Team

Review Comments

Program *
x Substance Use Treatment Team

MH Program Director *
Last First(first.last@test.com) **SU Program Director ***
Last First(first.last@test.com) **SU Program Director Executive Assistant ***
Last First(first.last@test.com)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.7.3.2 SU Program Director Review

SU Program Manager has to be selected from the pre-defined dropdown, Review Comments added (optional), and “Submitted”.

[Application](#) [MHSU Certification Team Selection](#) [MHSU Certification Team Review](#) [MHSU Program Selection](#)
[SU Program Director Review](#)



Certification Application SU Program Director Review

SU Program Manager *
Luciana Coleman, Lashanda Craig, Elana Merriweather, Brooke Whitfield

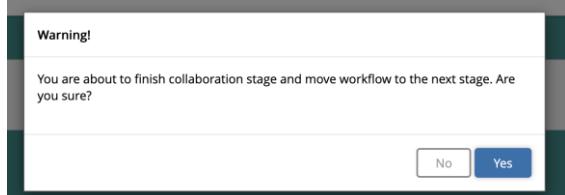
Borg Ethan(eborg@simpligov.com)

Review Comments

Test

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

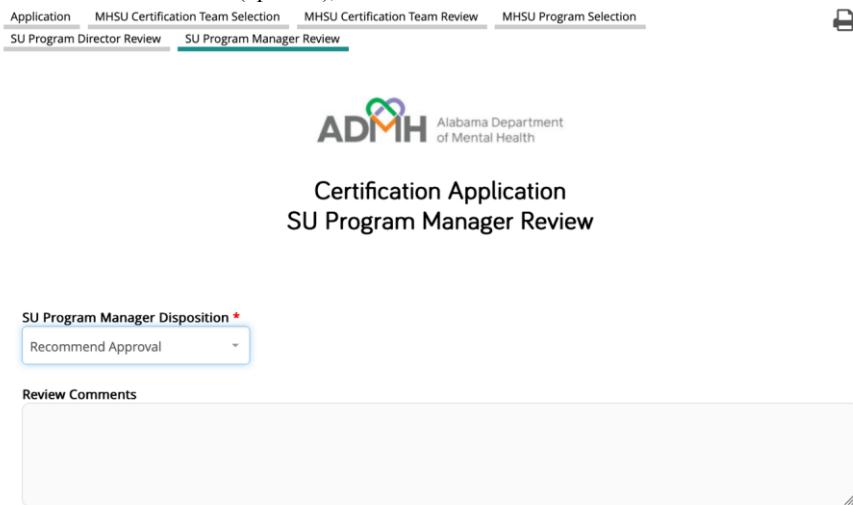
To access the application, please use the following link: [Next Stage](#)

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4.7.3.3 SU Program Manager Review

“Recommend Approval” has to be selected from the SU Program Manager Disposition dropdown, Review Comments added (optional), and “Submitted”.



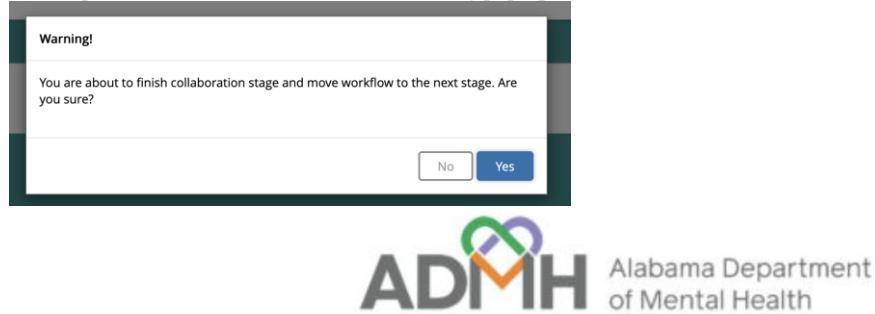
SU Program Manager Disposition *

Recommend Approval

Review Comments

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

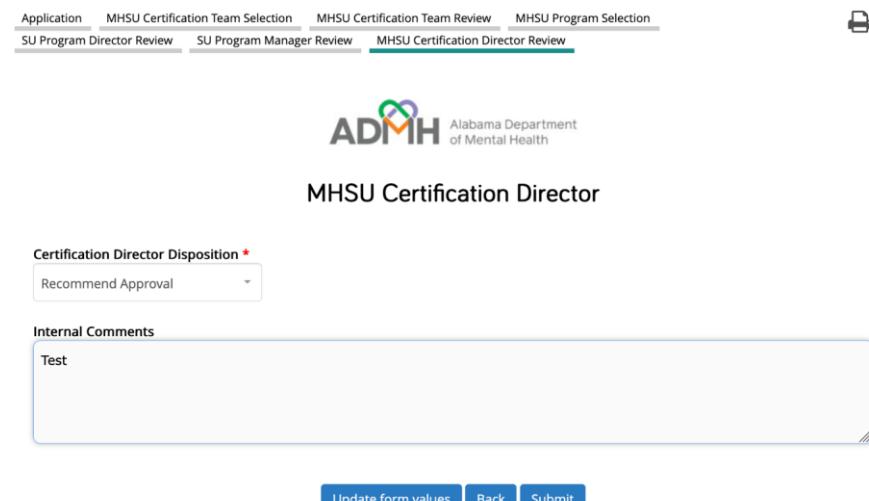
To access the application, please use the following link: [Next Stage](#)

Please do not respond directly to this e-mail. The originating e-mail account is not monitored.

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4.7.3.4 MHSU Certification Director Review

“Recommend Approval” has to be selected from the Certification Director Disposition dropdown, Review Comments added (optional), and “Submitted”.



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review

MHSU Certification Director

Certification Director Disposition *

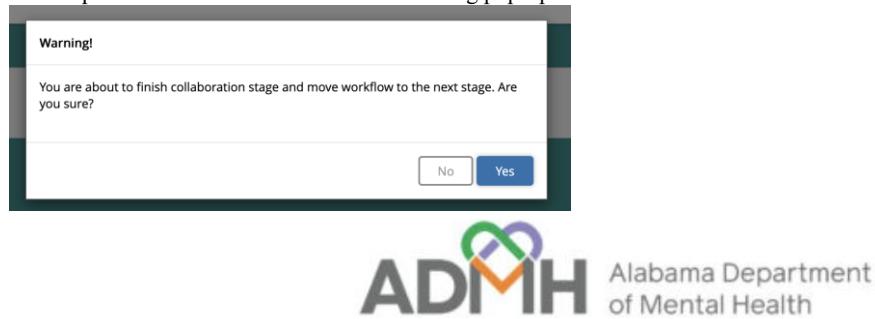
Recommend Approval

Internal Comments

Test

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

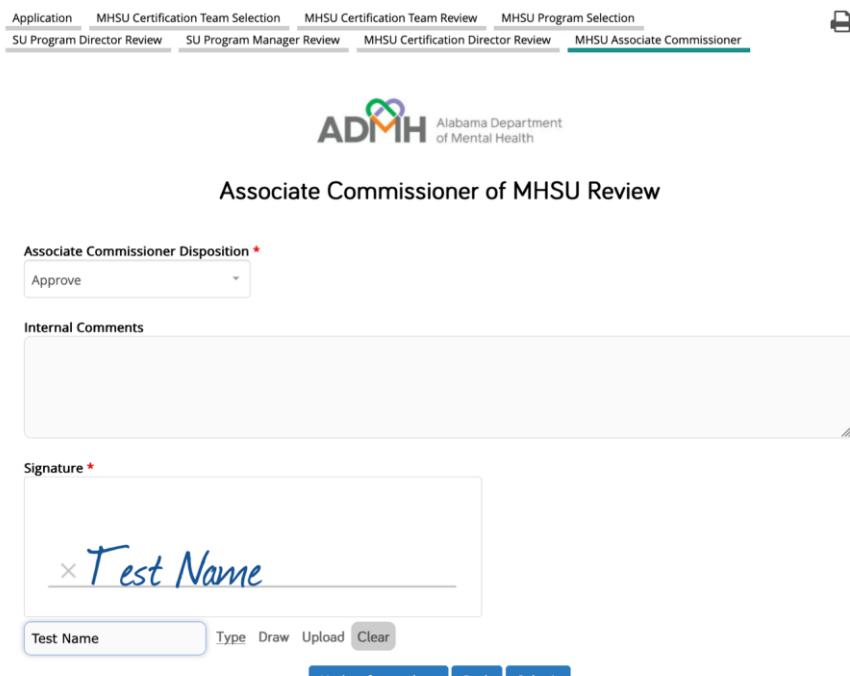
To access the application, please use the following link: [Next Stage](#)

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4.7.3.5 MHSU Associate Commissioner

“Approve” has to be selected from the Associate Commissioner Disposition dropdown, Internal Comments added (optional), Signature added, and “Submitted”.



Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
SU Program Director Review SU Program Manager Review MHSU Certification Director Review MHSU Associate Commissioner

ADMH Alabama Department of Mental Health

Associate Commissioner of MHSU Review

Associate Commissioner Disposition *

Approve

Internal Comments

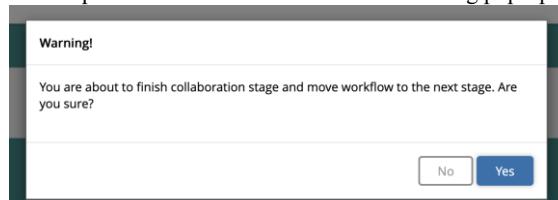
Signature *

Test Name

Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be selected on the next warning pop-up:



Warning!

You are about to finish collaboration stage and move workflow to the next stage. Are you sure?

No Yes

ADMH Alabama Department of Mental Health

Thank you for your submission!

NewExec#00007

A thank you page will be displayed:

Click 'Exit Workflow'

The corresponding group or a person will receive an email containing a link to the next stage.



Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.7.3.6 Letter Creation

“Approve – Draft Approval Letter” option has to be selected from the OCA Decision dropdown:

Application MHSU Certification Team Selection MHSU Certification Team Review MHSU Program Selection
MH Family and Child Services Review MHSU Certification Director Review MHSU Associate Commissioner Letter Creation



OCA Review

Date *
10/09/2025

OCA Decision *
Approve - Draft Approval Letter

Internal Comments
Test

Section 1 of the Approval Letter *

We have received notice that you have assumed duties as the Executive Director at [Provider Agency], located at [Provider Agency Address], and documentation that you meet the requirements of the

Section 2 of the Approval Letter



STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
1000 WILLIAM STREET
POST OFFICE BOX 1410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

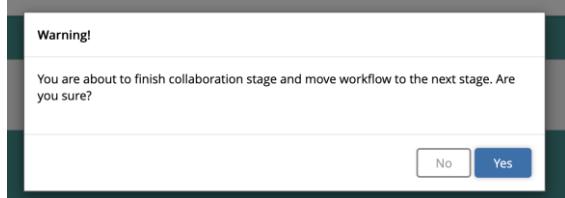
Kimberly G. Boswell

Commissioner



[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

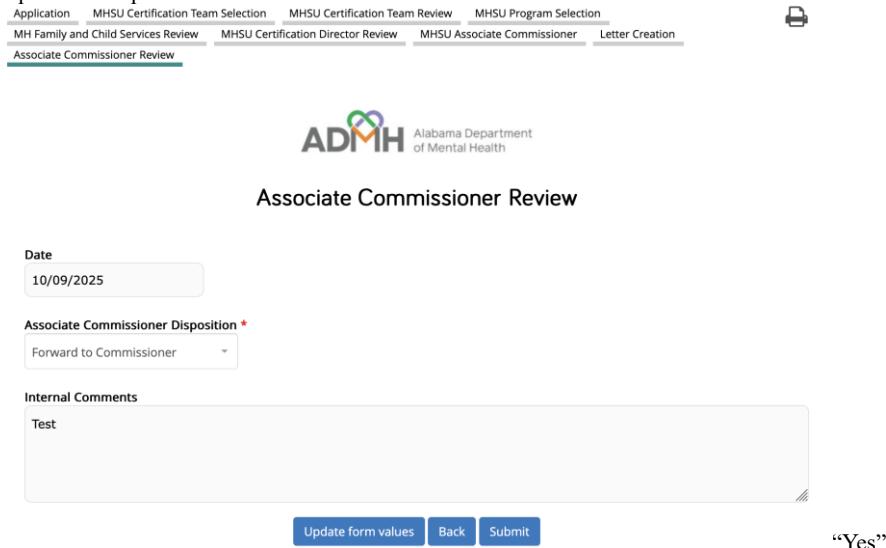
To access the application, please use the following link: [Next Stage](#)

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4.7.3.7 Associate Commissioner Review

“Forward to Commissioner” option has to be selected from the Associate Commissioner Disposition dropdown:



Date
10/09/2025

Associate Commissioner Disposition *

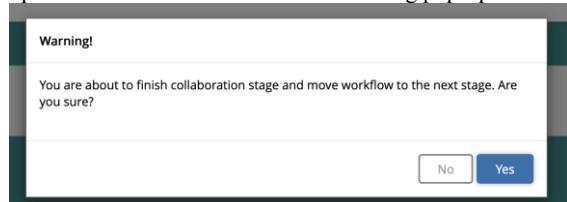
Forward to Commissioner

Internal Comments
Test

Update form values Back Submit

“Yes”

option is to be selected on the next warning pop-up:



A thank you page will be displayed:



Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing a link to the next stage.



Alabama Department
of Mental Health

Action Required

A **Certification Application for New Executive Director** has been submitted and requires your review.

Application Details:

- **Provider Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

Please review the application and submit your decision within 7 days. If further clarification or additional documentation is needed, let us know as soon as possible.

To access the application, please use the following link: [Next Stage](#)

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4.7.3.8 OCA Final Submission

Commissioner is going to review and proceed to the OCA Final Submission tab, where the document has to be finally “Submitted”

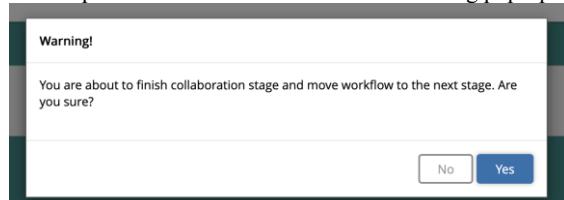


OCA Final Submission

Press 'Submit' to process.

[Update form values](#) [Back](#) [Submit](#)

“Yes” option is to be selected on the next warning pop-up:



Thank you for your submission!

NewExec#00007

A thank you page will be displayed:
Click ‘Exit Workflow’

The corresponding group or a person will receive an email containing the information that the Application has been Accepted and a copy of the official letter attached.



Application Accepted

A Certification Application for New Executive Director has been reviewed and approved by the Office of Certification Administration.

Application Details:

- **Provider Agency Name:** Test Name
- **Application Type:** New Executive Director Request
- **Reference Number:** NewExec#00007
- **Submission Date:** 10/09/2025

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STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
MONTGOMERY, AL 36130-1410
WWW.MH.ALABAMA.GOV

Kay Ivey
Governor



Kimberly G. Boswell
Commissioner

10/09/2025
Test Name
Executive Director
Test Name
123 William Street
Manhattan, NY 10038

Dear Test Name,

We have received notice that you have assumed duties as the Executive Director at Test Name, located at 123 William Street, Manhattan, NY 10038, and documentation that you meet the requirements of the *Alabama Administrative Code, §580-9-44-.02 and §580-2-20-.03*

Should you have any questions concerning the foregoing, please contact the Office of Certification Administration at (334) 353-9085.

Sincerely,

Test Name

Kimberly G. Boswell
Commissioner

