

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

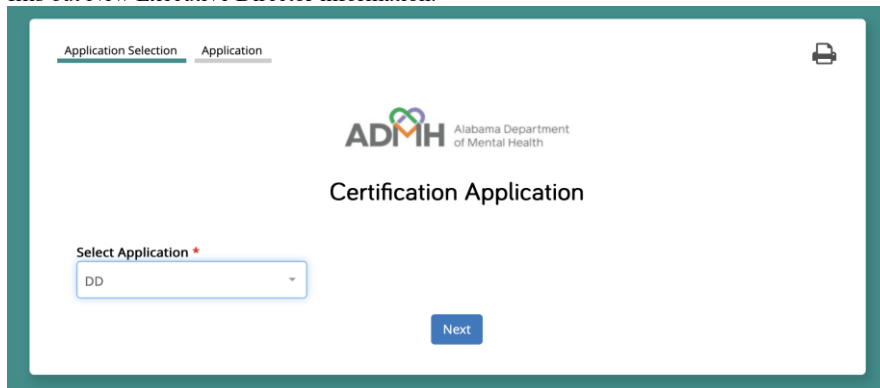
1.1 Application Selection

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

The screenshot shows a web application interface for the Alabama Department of Mental Health (ADMH). At the top, a header bar contains the text "ADMH - New Executive Director" on the left and "Exit workflow" with a red icon on the right. The main content area has a teal background. In the center, there is a white box titled "Application Selection" with a printer icon in the top right corner. Inside this box, the ADMH logo and "Alabama Department of Mental Health" are displayed above the heading "Certification Application". Below the heading is a "Select Application" dropdown menu with a red asterisk. The dropdown is open, showing a list of options: "-- Select one --", "-- Select one --", "DD", "MH", "SU", and "Prevention". A blue "Submit" button is located to the right of the dropdown menu.

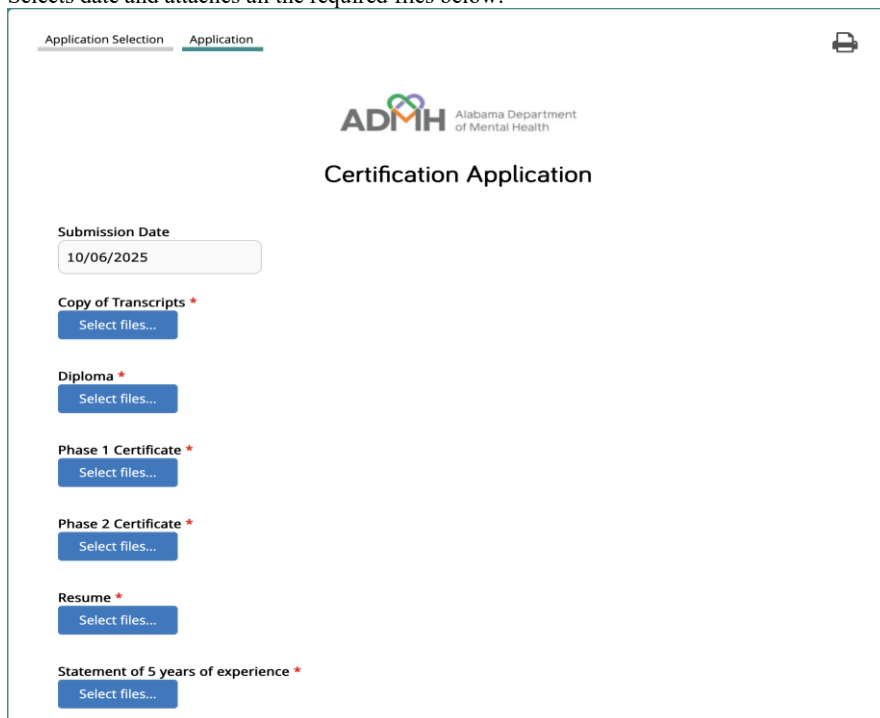
1.2 DD Executive Director

Once DD 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 of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' (active) and 'Application'. The form header includes the ADMH logo and the text 'Alabama Department of Mental Health'. Below the header, the title 'Certification Application' is centered. A dropdown menu labeled 'Select Application *' has 'DD' selected. A blue 'Next' button is positioned below the dropdown.

Selects date and attaches all the required files below:



The screenshot shows the 'Application' tab of the 'Certification Application' form. The header is identical to the previous screenshot. Below the title, there are several fields and file upload buttons. The 'Submission Date' field is a text box containing '10/06/2025'. Below it, there are five file upload sections, each with a label followed by an asterisk and a 'Select files...' button: 'Copy of Transcripts *', 'Diploma *', 'Phase 1 Certificate *', 'Phase 2 Certificate *', and 'Resume *'. At the bottom, there is a 'Statement of 5 years of experience *' label followed by a 'Select files...' button.

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 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 * <input type="text" value="Test Name"/>	New Executive Director's Email * <input type="text" value="test@email.com"/>
Are you employed at a different provider agency?? * <input checked="" type="radio"/> Yes <input type="radio"/> No	Provider Agency Name * <input type="text" value="Test Agency Name"/>
What is your position(s) at the other agency? Check all that apply * <input checked="" type="checkbox"/> --Select all-- <input type="checkbox"/> Nurse <input type="checkbox"/> Executive Director <input type="checkbox"/> QDDP <input checked="" type="checkbox"/> Other	Other Position * <input type="text" value="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 *

Street Address/Po Box * <input type="text" value="123 William Street"/>	County * <input type="text" value="Winston County"/>	
City * <input type="text" value="Manhattan"/>	State * <input type="text" value="NY"/>	Zip * <input type="text" value="10038"/>
Telephone * <input type="text" value="(999) 999-9999"/>	Name of Executive Director * <input type="text" value="Director Test Name"/>	

Type of Ownership * <input type="radio"/> Non-Profit <input checked="" type="radio"/> Profit <input type="radio"/> Public	Status of Ownership * <input type="radio"/> Individual <input type="radio"/> Corporation <input checked="" type="radio"/> 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 *

x 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 *

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 2-6 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”:

Application Selection

Application

OCA Quality Review





Alabama Department
of Mental Health

OCA Quality Review

Date

10/06/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form valuesBackSubmit

“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?

NoYes



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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1.4 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





New Executive Director Background Check

Background Check Disposition *

Pass

Upload Documents

Select files...

Internal Notes

Update form values

Back

Submit

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

“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.

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

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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:

Warning!

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

No

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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1.6 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”:


Application

OCA Quality Review

Background Check

OCA Background Review

Planning & Quality Specialist II



Alabama Department of Mental Health

Planning & Quality Specialist II

Planning & Quality Specialist II Disposition *

Forward to DD Certification Direct..

-- 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:

Warning!

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

No

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.

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

Test Name Type Draw Upload Clear

Update form values Back Submit

“Yes” option is to be

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**



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”:



Kay Ivey
Governor

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



Kimberly G. Boswell
Commissioner

10/06/2025
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,

Kimberly G. Boswell

Commissioner



[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?



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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1.9 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





Alabama Department of Mental Health

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:

Warning!

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

No

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.

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



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

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:
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**



OCA Final Submission

Press 'Submit' to process.

[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?



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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1.12 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.**

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



Central Office Processing

Please confirm that the **Provider Network Manager**, and **Quality & Assurance Specialist II** have taken all necessary action before pressing “Submit” to complete this application.

Internal Comments

[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?



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

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

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Kay Ivey
Governor

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



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,

x *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

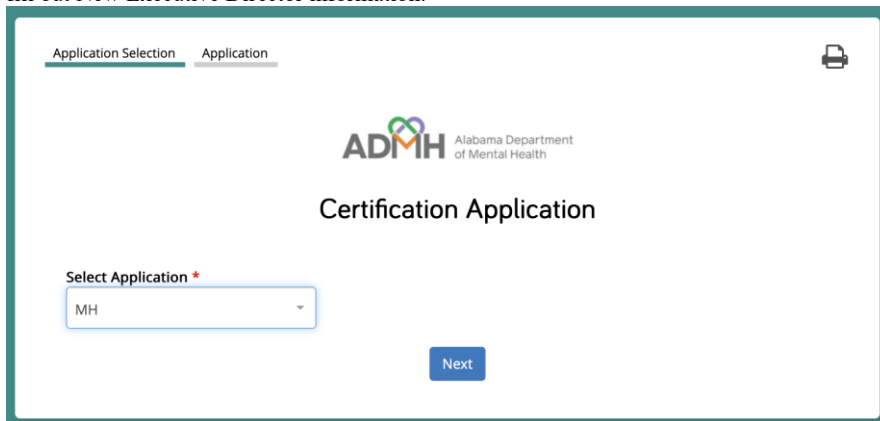
SU

Prevention

Submit

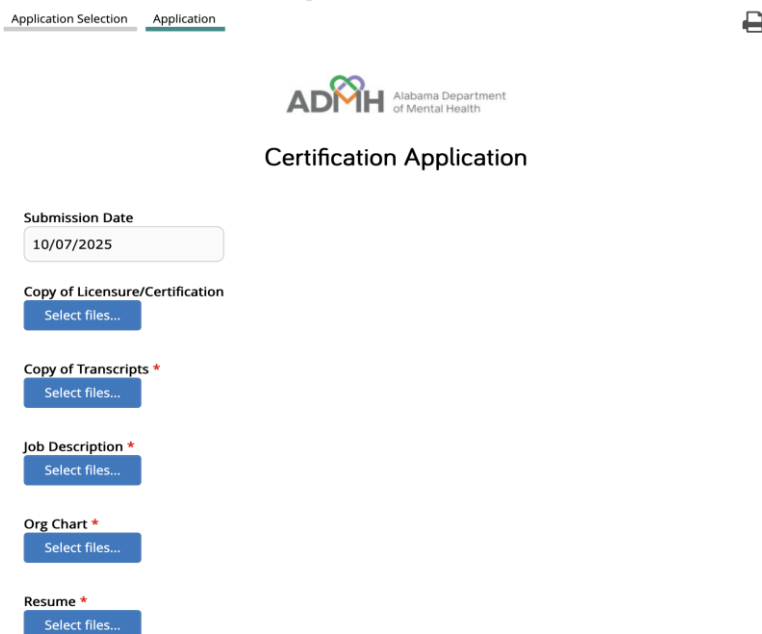
2.2 MH Executive Director

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



The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' (active) and 'Application'. Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The main heading is 'Certification Application'. There is a dropdown menu labeled 'Select Application *' with 'MH' selected. A 'Next' button is located at the bottom right.

Selects date and attaches all the required files below:



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' and 'Application' (active). Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The main heading is 'Certification Application'. The form contains several fields and file upload buttons: 'Submission Date' with a date picker showing '10/07/2025'; 'Copy of Licensure/Certification' with a 'Select files...' button; 'Copy of Transcripts *' with a 'Select files...' button; 'Job Description *' with a 'Select files...' button; 'Org Chart *' with a 'Select files...' button; and 'Resume *' with a 'Select files...' button.

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 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

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.



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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2.3 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”:

Application Selection Application **OCA Quality Review** 

 Alabama Department of Mental Health

OCA Quality Review

Date
10/06/2025

OCA Disposition *

-- Select one --

-- Select one --
Approve and forward
Return to Provider for Changes
Hold

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



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**



New Executive Director Background Check

Background Check Disposition *

Pass

Upload Documents

Select files...

Internal Notes

Update form values Back Submit

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

“Yes”



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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2.5 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:

Warning!

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

No

Yes



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.

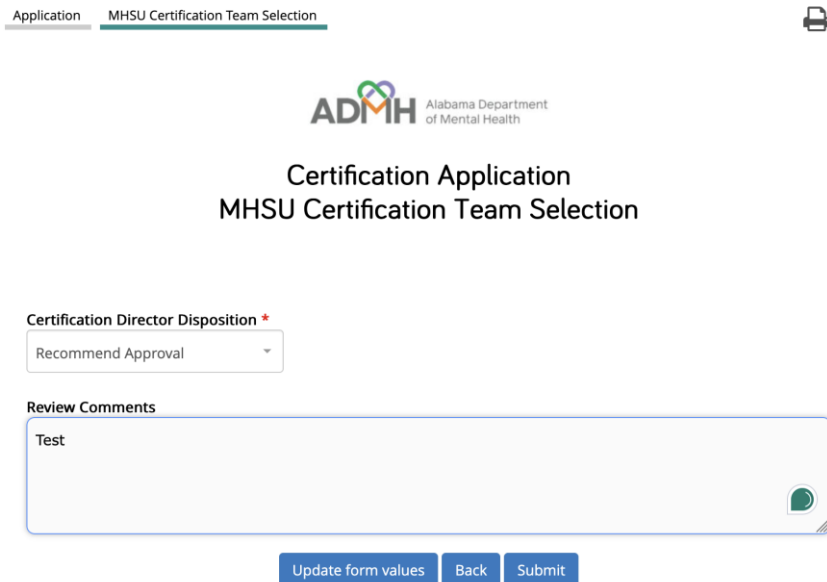
To access the application, please use the following link: [Next Stage](#)

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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 *

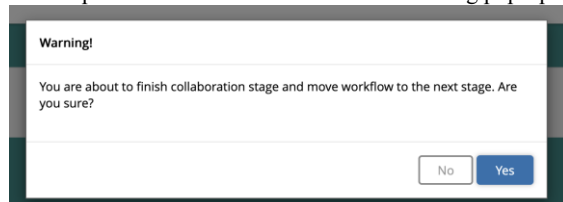
Recommend Approval

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



Submission Successful - [Please follow this link to proceed.](#)

NewExec#00007

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

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



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

× Child & Family Services

MH Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Coordinator *

× Last First (first.last@test.com)

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?

NoYes



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



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:

Warning!

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

No Yes



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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2.7.1.3 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:

Warning!

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

No Yes



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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2.7.1.4 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:

Warning!

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

No Yes



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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2.7.1.5 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



Kay Ivey
Governor

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 305410
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

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

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:

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
Associate Commissioner Review



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:

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:



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.



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.

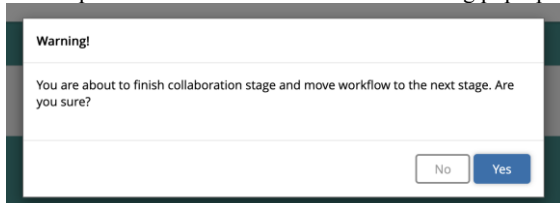
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2.7.1.7 OCA Final Submission

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



“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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Kay Ivey
Governor

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



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](#) 



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Test

Program *

× 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:

Warning!

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

No

Yes



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



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:

Warning!

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

No

Yes



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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2.7.2.3 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



 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:

Warning!

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

No

Yes



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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2.7.2.4 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**



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

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](#)

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

MHSU 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”:



Key Terry
Governor

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



Kimberly G. Boswell
Commissioner

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



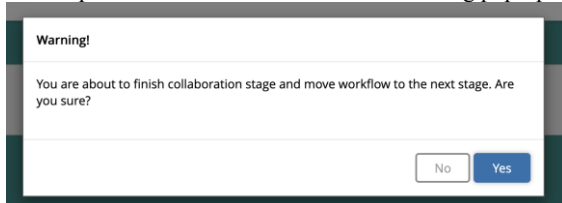
Alabama Department of Mental Health

Update form values

Back

Submit

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

A warning pop-up dialog box with a dark border. The title bar says "Warning!". The main text reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right, there are two buttons: "No" and "Yes".

Warning!

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

No Yes



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:

Warning!

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

No Yes



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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2.7.2.7 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”:

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

ADMH

Alabama Department of Mental Health

Commissioner Review

Date

10/07/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test NameType Draw Upload Clear

Update form valuesBackSubmit

“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?

NoYes

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.



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.

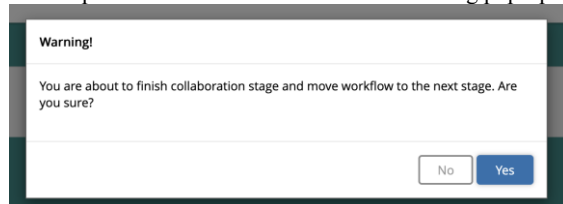


OCA Final Submission

Press 'Submit' to process.



“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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Kay Ivey
Governor

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



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



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)

Clear

SU Program Director *

Last First(first.last@test.com)

Clear

SU Program Director Executive Assistant *

Last First(first.last@test.com)

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?

NoYes



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





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:

Warning!

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

No

Yes



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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2.7.3.3 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



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:

Warning!

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

No Yes



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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2.7.3.4 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:

Warning!

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

No

Yes



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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2.7.3.5 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

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



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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2.7.3.6 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



Kay Ivey
Governor

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 305410
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, 5580-9-44-.02 and 5580-2-20-.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

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

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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2.7.3.7 Associate Commissioner Review

“Forward to Commissioner” 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 Letter Creation
Associate Commissioner Review



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:

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:



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.



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.

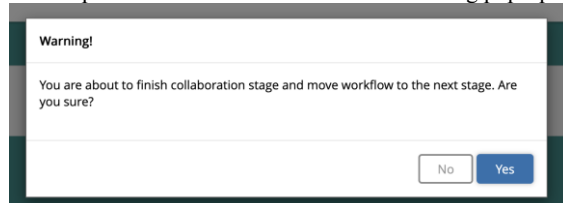
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2.7.3.8 OCA Final Submission

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



“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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Kay Ivey
Governor

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



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

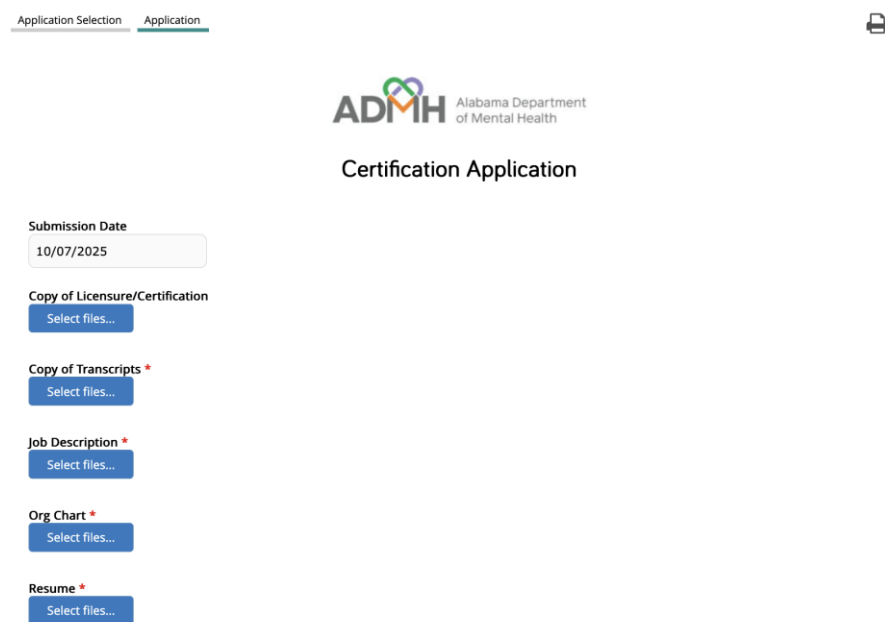
3.2 SU Executive Director

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



The screenshot shows the 'Application Selection' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' (active) and 'Application'. Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The title 'Certification Application' is centered. On the left, there is a dropdown menu labeled 'Select Application *' with 'SU' selected. A 'Next' button is located at the bottom right.

Select date and attach all the required files below:



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' and 'Application' (active). Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The title 'Certification Application' is centered. The form contains several fields and buttons: 'Submission Date' with a date input field showing '10/07/2025'; 'Copy of Licensure/Certification' with a 'Select files...' button; 'Copy of Transcripts *' with a 'Select files...' button; 'Job Description *' with a 'Select files...' button; 'Org Chart *' with a 'Select files...' button; and 'Resume *' with a 'Select files...' button.

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 * <input checked="" type="radio"/> Non-Profit <input type="radio"/> Profit <input type="radio"/> Public	Status of Ownership * <input type="radio"/> Individual <input checked="" type="radio"/> Corporation <input type="radio"/> 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?? * <input checked="" type="radio"/> Yes <input type="radio"/> No	Provider Agency Name * Test Agency Name
What is your position(s) at the other agency? Check all that apply * <input checked="" type="checkbox"/> --Select all-- <input type="checkbox"/> Clinical Director <input type="checkbox"/> Executive Director <input checked="" type="checkbox"/> 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 *

x Test Name

Test Name Type Draw Upload Clear

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

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#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”:

Application Selection

Application

OCA Quality Review





Alabama Department of Mental Health

OCA Quality Review

Date

10/06/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form valuesBackSubmit

“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?

NoYes



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”:

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

Warning!

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

No Yes

 Alabama Department of Mental Health

Thank you for your submission!

NewExec#00004

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

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






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



Alabama Department
of Mental Health

Thank you for your submission!

NewExec#00004

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

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”:

The screenshot shows the 'MHSU Certification Team Selection' tab in the application. The 'Certification Director Disposition' dropdown is set to 'Recommend Approval'. The 'Review Comments' text area contains the word 'Test'. Below the form are buttons for 'Update form values', 'Back', and 'Submit'. A warning pop-up is displayed, asking for confirmation to finish the collaboration stage and move to the next stage. The pop-up has 'No' and 'Yes' buttons. Below the pop-up, the 'ADMH' logo and 'Alabama Department of Mental Health' text are visible, followed by a 'Submission Successful' message and a link to proceed. The link text is 'NewExec#00004'.

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

ADMH Alabama Department of Mental Health

Submission Successful - [Please follow this link to proceed.](#)
NewExec#00004

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



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

× Child & Family Services

MH Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Coordinator *

× Last First (first.last@test.com)

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?

NoYes



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:

Warning!

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

No Yes



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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3.7.1.3 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:

Warning!

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

No Yes



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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3.7.1.4 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:

Warning!

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

No Yes



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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3.7.1.5 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



Kay Ivey
Governor

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 305410
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

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

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:

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
Associate Commissioner Review



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:

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:



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.



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.

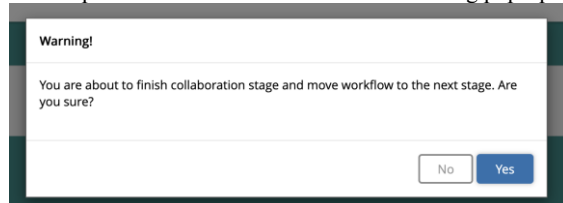
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3.7.1.7 OCA Final Submission

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



“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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Kay Ivey
Governor

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



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](#) 



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Test

Program *

× 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:

Warning!

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

No

Yes



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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3.7.2.2 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

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:

Warning!

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

No

Yes



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



 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:

Warning!

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

No

Yes



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”:

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**



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

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](#)

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

MHSU 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

Kimberly G. Boswell
Commissioner

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

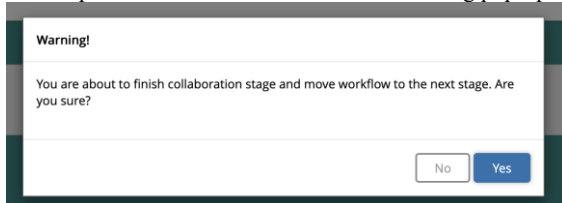
Alabama Department of Mental Health

Update form values

Back

Submit

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

A warning pop-up dialog box with a dark border. The title bar says "Warning!". The main text reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right, there are two buttons: "No" and "Yes".

Warning!

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

No Yes



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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3.7.2.6 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:

Warning!

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

NoYes



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”:

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

ADMH

Alabama Department of Mental Health

Commissioner Review

Date

10/07/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test NameType Draw Upload Clear

Update form valuesBackSubmit

“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?

NoYes

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.



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.

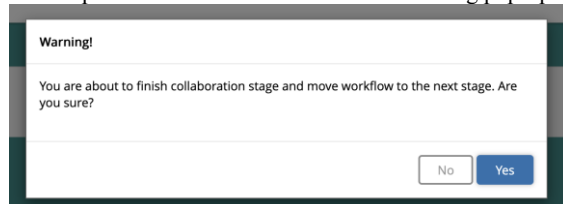


OCA Final Submission

Press 'Submit' to process.



“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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Kay Ivey
Governor

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



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



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)

Clear

SU Program Director *

Last First(first.last@test.com)

Clear

SU Program Director Executive Assistant *

Last First(first.last@test.com)

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



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





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:

Warning!

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

No

Yes



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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3.7.3.3 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



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:

Warning!

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

No Yes



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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3.7.3.4 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:

Warning!

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

No

Yes



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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3.7.3.5 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*

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



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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3.7.3.6 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



Kay Ivey
Governor

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



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.

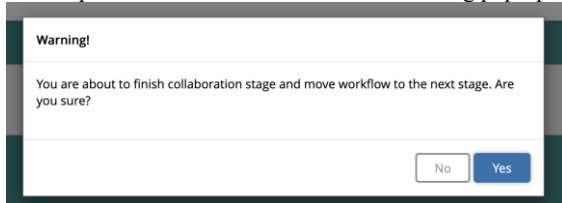
Sincerely,

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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3.7.3.7 Associate Commissioner Review

“Forward to Commissioner” 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 Letter Creation
Associate Commissioner Review



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:

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:



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.



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.

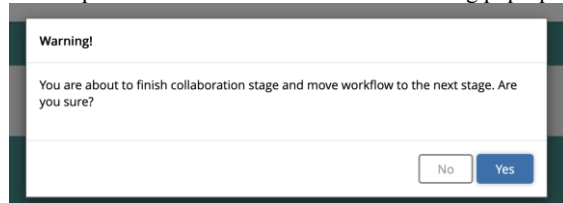
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3.7.3.8 OCA Final Submission

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



“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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Kay Ivey
Governor

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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



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

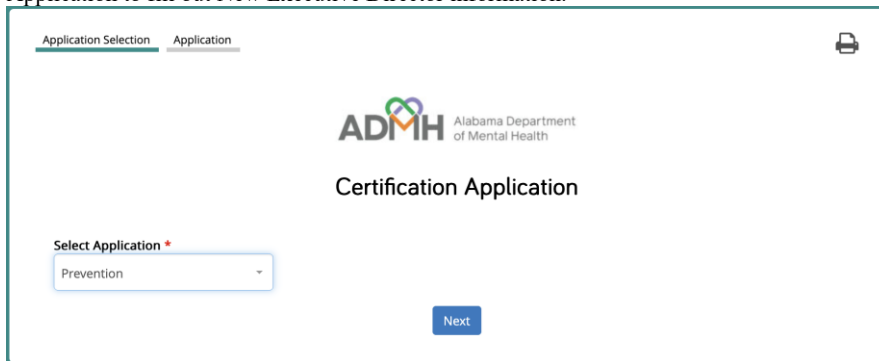
SU

Prevention

Submit

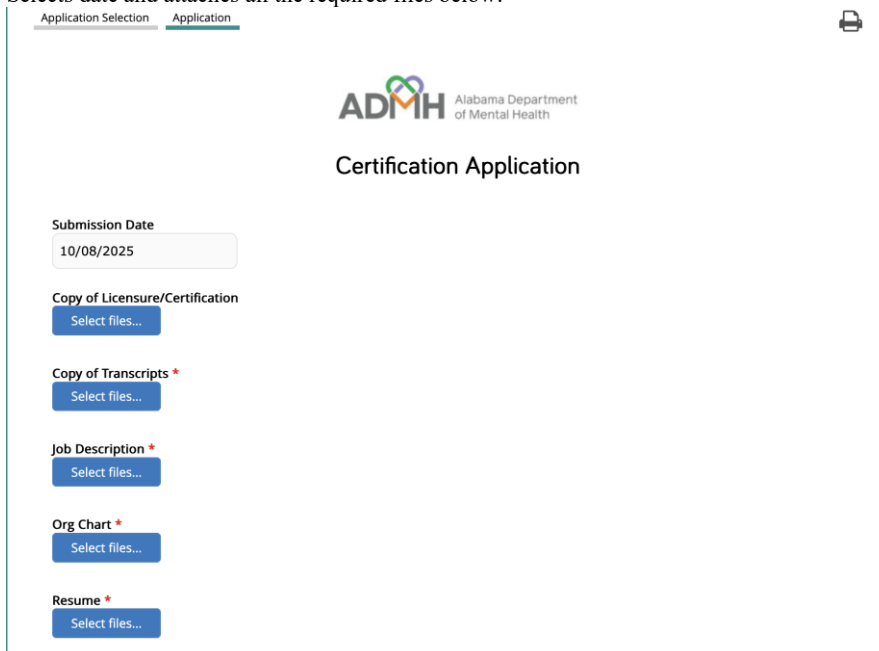
4.2 Prevention Executive Director

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' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' and 'Application', with 'Application' being the active tab. Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The title 'Certification Application' is centered. On the left, there is a dropdown menu labeled 'Select Application *' with 'Prevention' selected. A blue 'Next' button is located at the bottom right of the form.

Selects date and attaches all the required files below:



The screenshot shows the 'Application' tab of the 'Certification Application' form. At the top, there are two tabs: 'Application Selection' and 'Application', with 'Application' being the active tab. Below the tabs is the ADMH logo and the text 'Alabama Department of Mental Health'. The title 'Certification Application' is centered. Below the title, there is a 'Submission Date' field with the date '10/08/2025'. Below this, there are five file upload sections, each with a blue 'Select files...' button: 'Copy of Licensure/Certification', 'Copy of Transcripts *', 'Job Description *', 'Org Chart *', and 'Resume *'. The asterisk (*) indicates required fields.

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 Type Draw Upload Clear

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

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#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”:

Application Selection

Application

OCA Quality Review





Alabama Department
of Mental Health

OCA Quality Review

Date

10/06/2025

OCA Disposition *

-- Select one --

-- Select one --

Approve and forward

Return to Provider for Changes

Hold

Update form valuesBackSubmit

“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?

NoYes



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](#)

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

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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 



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:



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”:

The screenshot shows a web application interface for the Alabama Department of Mental Health (ADMH). At the top, there are two tabs: "Application" and "MHSU Certification Team Selection", with the latter being the active tab. Below the tabs is the ADMH logo and the text "Alabama Department of Mental Health". The main heading is "Certification Application" followed by "MHSU Certification Team Selection". There is a dropdown menu for "Certification Director Disposition" with "Recommend Approval" selected. Below this is a text area for "Review Comments". At the bottom of the form are three buttons: "Update form values", "Back", and "Submit". A warning pop-up is displayed over the bottom right of the form, asking "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?" with "No" and "Yes" buttons.

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



Submission Successful - [Please follow this link to proceed.](#)

A thank you page will be displayed:

NewExec#00005

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



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Program *

× Child & Family Services

MH Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Director *

Last First(first.last@test.com)

Clear

Child & Family Services Program Coordinator *

× Last First (first.last@test.com)

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?

NoYes



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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4.7.1.2 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:

Warning!

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

[No](#) [Yes](#)



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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4.7.1.3 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:

Warning!

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

No Yes



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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4.7.1.4 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:

Warning!

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

No Yes



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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4.7.1.5 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



Kay Ivey
Governor

STATE OF ALABAMA
DEPARTMENT OF MENTAL HEALTH
RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 305410
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, 5580-9-44-.02 and 5580-2-20-.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

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

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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4.7.1.6 Associate Commissioner Review

“Forward to Commissioner” 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 Letter Creation
Associate Commissioner Review



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:

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:



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.



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.

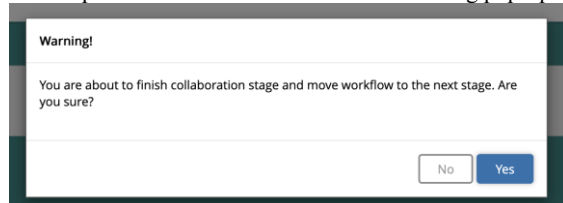
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4.7.1.7 OCA Final Submission

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



“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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Kay Ivey
Governor

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



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](#) 



Certification Application MHSU Program Selection

Certification Director Disposition *

Forward to Program Team

Review Comments

Test

Program *

× 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:

Warning!

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

No

Yes



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
MH Program Team Selection



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:

Warning!

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

No Yes



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



 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:

Warning!

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

No

Yes



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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4.7.2.4 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**



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

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

MHSU Program Team Selection

MH Program Coordinator Review

MH Program Director Review

MHSU Certification Director Review

MHSU Associate Commissioner

Letter Creation

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

Key Terry
Governor

Kimberly G. Boswell
Commissioner

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,

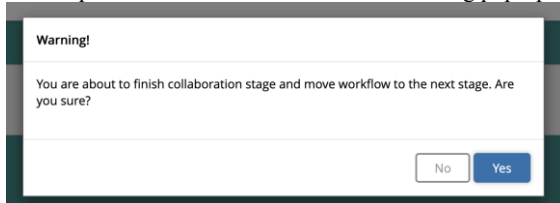
Kimberly G. Boswell
Commissioner

Update form values

Back

Submit

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

A warning pop-up dialog box with a dark border. The title bar says "Warning!". The main text reads: "You are about to finish collaboration stage and move workflow to the next stage. Are you sure?". At the bottom right, there are two buttons: "No" and "Yes".

Warning!

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

No Yes



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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4.7.2.6 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:

Warning!

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

No Yes



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”:

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

ADMH

Alabama Department of Mental Health

Commissioner Review

Date

10/07/2025

Commissioner Disposition *

Approve

Internal Comments

Signature *

×

Test Name

Test NameType Draw Upload Clear

Update form valuesBackSubmit

“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?

NoYes

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.



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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4.7.2.8 OCA Final Submission

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

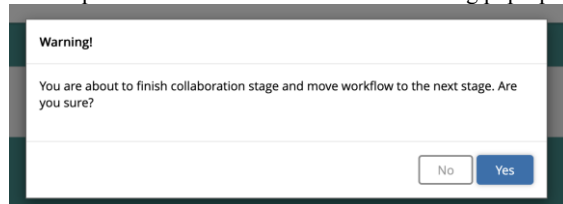


OCA Final Submission

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

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Kay Ivey
Governor

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



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



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)

Clear

SU Program Director *

Last First(first.last@test.com)

Clear

SU Program Director Executive Assistant *

Last First(first.last@test.com)

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?

NoYes



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:

Warning!

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

No

Yes



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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4.7.3.3 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



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:

Warning!

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

No Yes



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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4.7.3.4 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:

Warning!

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

No

Yes



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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4.7.3.5 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

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



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


Kay Ivey
Governor

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


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

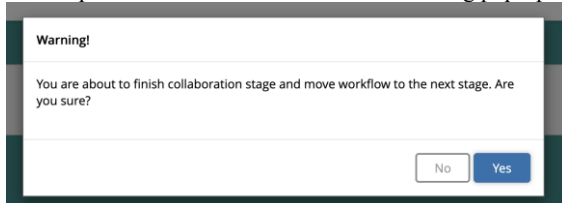


Update form values

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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4.7.3.7 Associate Commissioner Review

“Forward to Commissioner” 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 Letter Creation
Associate Commissioner Review



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:

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:



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.



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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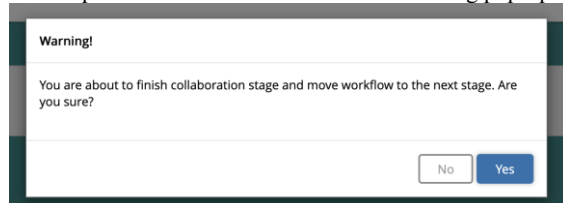
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4.7.3.8 OCA Final Submission

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



“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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Kay Ivey
Governor

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RSA UNION BUILDING
100 NORTH UNION STREET
POST OFFICE BOX 301410
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,

× *Test Name*

Kimberly G. Boswell
Commissioner

