

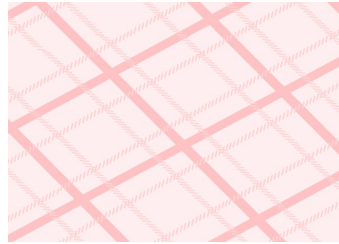
Message from our president

WSAIOP is proud to serve out-patient providers throughout the State of Washington. You are invited to join WSAIOP and help make a difference in the lives of those who suffer from alcohol and drug dependence. Together we will work to strengthen the field of chemical dependency treatment by remaining current and proactive on proposed changes in regulations and legislation. In addition to having a voice at the local and state level, WSAIOP members enjoy:

- *Opportunities to associate with other association members at monthly meetings.*
- *Periodic Education and Trainings.*
- *Legislative Updates.*
- *WAC revisions and interpretation.*
- *Insight into impact of new state and/or federal laws.*
- *Discounts on SASSI testing instruments.*
- *Discounts on CNS Productions products.*

Our periodic trainings and Annual Fall Conferences have been inspirational, while providing helpful information on both administrative and clinical operations for outpatient providers.

A membership application is included in this brochure; we hope you will join us.



Organization

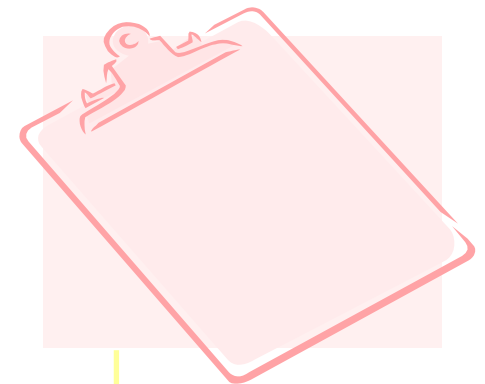
Membership in WSAIOP is open to all Washington state -approved outpatient chemical dependency treatment providers (including outpatient divisions of inpatient chemical dependency treatment providers) that meet the WSAIOP Code of Ethics and other standards of the Association. The annual membership dues are \$180.00. Applicants will be approved by a vote of a quorum of members. Apply for membership by completing the Application for Membership on the back panel of this brochure, and send the dues payment to the WSAIOP Treasurer.

Sharon Fenton
Membership Chair
Assessment & Treatment Associates
Continental Office Park
13353 Bel-Red Road, Suite 101
Bellevue, WA 98005
Phone: 425.289.1600
email: sharon@assesstreat.com



WSAIOP

- ***Washington State Association of Independent Outpatient Programs, Inc. (WSAIOP). is an independent, cooperative professional organization working to help its members with up-to-date training opportunities, and to represent outpatient providers in interactions with DBHR, DOH, the State Legislature, and other Washington State and national professional organizations.***



Washington State Association of Independent Outpatient Programs, Inc.



To bring about better communication among outpatient providers and between the Association and other professional organizations and regulatory entities.

To create a voice on policy regarding outpatient treatment services in the state of Washington;

To recommend guidelines and standards for chemical dependency outpatient treatment organizations, programs, and personnel, and;

To take whatever actions deemed necessary to improve the effectiveness of providers of outpatient services on behalf of the chemically dependent individuals, as well as their families.

Your Executive Board

G. Scott Sims, President

scims@msn.com

Robert Fromm, Vice-President

gravity@comcast.net

Robert Fromm, Treasurer,

gravityb@comcast.net

G. Scott Sims, Secretary,

scims@msn.com

WSAIOP is a Washington State Non-Profit Corporation
Federal 91-597445 WA State UBI 601 339 954

WSAIOP Purpose and Ethics

The purpose of this Association is to provide a forum for Washington State approved Independent Outpatient Treatment Providers whereby common interests and concerns can be discussed This Association shall:

Recognize that the profession of chemical dependency treatment is founded on recognized standards of competency, which promote the best interests of society, of the client, and of the profession.

Subscribe to a policy of abstinence for all persons in recovery from chemical dependency.

Adhere to all State and Federal statutes and regulations governing chemical dependency treatment, and maintain the integrity of the profession by upholding and advancing the values, ethics, knowledge, and mission of the profession.

Make no misrepresentation in advertising as to qualifications, competence, service, or results to be achieved.

Maintain ethical responsibility towards patients, society, colleagues, and employees.

Member organizations shall not represent affiliation with the Association in such a way that would imply inaccurate sponsorship or certification by this Association.

Member organizations shall be responsible for overseeing maintenance of ethical standards within their own agencies as required by DBHR and the Department of Health.

Application for Membership

We agree with WSAIOP Purpose and Ethics

(Administrator's Signature)

Organization Name _____

Address _____

State/Zip _____

Phone/Fax _____

Has your agency ever been on notice of suspension?

Yes

No

(If so, please attach a letter of explanation)

Year of initial certification?

(Please attach a copy of current certification) _____

What outpatient services does your agency provide?

(Please check all that apply)

Assessment

Family Services

ASAM Level I

Detox

ASAM Level .5

ASAM Level II.1

Adult

Other (Describe)

Adolescent

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Please complete this form, supply appropriate attachments, and mail with your check for \$180.00 payable to WSAIOP at the following address:

Sharon Fenton
Membership Chair
Assessment & Treatment Associates
Continental Office Park
13353 Bel-Red Road, Suite 101
Bellevue, WA 98005