

Division of Behavioral Health

DUI Evaluation Provider Listing Request

This form is to request to be added to the DUI Evaluation Provider Listing located on the Division of Behavioral Health (DBH) website at www.sud.dhw.idaho.gov. The DUI Evaluation Provider Listing is not distributed by DBH and it may be in your best interest to contact your local district court to inform them that your agency has been added to the list or that the information has been updated.

The DUI Evaluation Provider Listing is made available as a free public service, without express or implied warranties of any kind. It is not an endorsement by DBH and may not meet all of the requirements of the district court in your area.

Please complete the information below and email it to Holly Walund at holly.walund@dhw.idaho.gov.

Requestor Information Name: Job Title: Email: Phone:	
Email: Phone:	
Supervisor: Email:	
Type of Request	
Add to Provider List Update Information Remove from List	
Idaho Code section 18-8005 Requirements	
Idaho Code section 18-8005 (11) requires alcohol-drug evaluations to be completed by an alcohol evaluation facility approved by the Idaho Department of Health and Welfare. In addition, this code requires alcohol-drug evaluations to submitted using the approved Face Sheet and DUI Evaluation Reporting Form. I hereby certify the agency listed below has obtained Behavioral Health Program Approval.	be
I hereby certify the agency listed below has the appropriate training, credentialing, and licensure to be considered an alcohological evaluation facility by the State of Idaho.	ıol
I hereby agree to use the approved Alcohol-drug Evaluation Report Face Sheet and Evaluation Report specified on the Ida Supreme Court website.	aho
Agency Details	
Agency:	
Street Address: City, State, Zip: County:	
Phone Number: Fee:	
Available Languages:	
Other	
Additional Comments:	
Acknowledgment	
By signing this form, you confirm that you are requesting the information provided will be added to the DBH website; any future changes will require an updated submission of this form. You also recognize that DBH does not distribute this list. If an agency or court has an outdated copy of this list, it is your agency's responsibility to contact them to request they update their list. You also certify you will meet the requirements specified in IDAPA Chapter 16.07.17 as long as your agency is on the DBH DUI Evaluation Provider Listing.	у
Supervisor Signature Date	