



Georgia Department of Behavioral Health & Developmental Disabilities

Judy Fitzgerald, Commissioner

D·B·H·D·D

Office of Provider Certification and Services Integrity

Two Peachtree Street NW, Suite 24.447, Atlanta, GA 30303-3142

provider.certification@dbhdd.ga.gov

(404) 657-2174

New Applicants: Please complete and send to Provider.Certification@dbhdd.ga.gov.

Application for Designation as an:

(Check appropriate boxes)

Emergency Receiving Evaluation Treatment Facility

A separate application for ERET designation must be submitted for each facility

Name of Facility:	Name of Governing Authority/Owner:
Street Address:	County:
City:	Zip:

(Check appropriate box)

Type of Hospital: Psychiatric Hospital Acute Care Hospital with Psychiatric Unit Acute Care Hospital without Psychiatric Unit

Child & Adolescent # of psychiatric beds: _____ Adult # of psychiatric beds: _____

Accreditations and Licenses

Name	Date

Description of Facility and Services *(Add additional sheets if necessary)*

Name of Psychiatrist (For Evaluating and Treatment Facilities) _____

Qualifications of Psychiatrist (e.g. Board Certifications, GA license, experience, etc. Add additional sheets if necessary.)

Contact Name (Person completing application)	
Title	
Telephone	
E-Mail	

Date	Facility Administrator's/CEO's Name, Title	Administrator's/CEO's Signature
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