



WVARR Certification Extension Request Form

Purpose

This form permits certified recovery residence organizations to request a one-time, 30-day certification extension when an emergency prevents timely completion of the renewal process. To qualify, the organization must have initiated the renewal process no less than 60 days prior to the certification expiration date. Approval of extensions is reserved for exceptional circumstances and is not guaranteed.

Policy Overview

- 1. Eligibility:** Each organization may be granted one (1) 30-day extension during any certification period. Extensions are reserved for emergency situations only (e.g., natural disasters, facility damage, severe illness, or other unforeseen events). Extensions will not be granted to organizations that begin the renewal process less than 60 days prior to their certification expiration date.
- 2. Submission Deadline:** This form must be submitted to the assigned Certification Reviewer no less than 30 days prior to the certification expiration date. Requests submitted after this timeframe will not be considered.
- 3. Approval Process:** The Certification Reviewer will forward the completed request to the Executive Director for consideration. The Executive Director will review the request and may approve or deny it at their discretion.
- 4. Annual Expiration Date:** If approved, this extension temporarily extends the organization's active certification for up to 30 days beyond the current expiration date. The original certification renewal date will remain unchanged; extensions do not permanently modify or reset the certification cycle.

Section 1: Agency Information

Agency Name: _____

Program Name (if different): _____

Address: _____

City/State/Zip: _____

Primary Contact Name: _____



Title/Role: _____

Email: _____

Phone: _____

Section 2: Certification Details

Certification Level: Level I Level II Level III Level IV

Original Certification Expiration Date: _____

Date Renewal Process Began: _____

Date of Last On-Site Inspection (if applicable): _____

Section 3: Reason for Extension Request

Please describe the emergency circumstances that prevent your organization from completing the renewal process before the certification expiration date:

Section 4: Certification and Signature

I certify that the information provided in this form is true and accurate to the best of my knowledge. I understand that certification extensions are for emergency use only, are not guaranteed, and that my organization's annual certification expiration date will remain unchanged from the original expiration date.

Authorized Representative Signature: _____

Printed Name: _____

Title: _____

Date: _____



For WVARR Use Only

Date Received: _____

Received By (Certification Reviewer): _____

Date Forwarded to Executive Director: _____

Extension Decision: Approved Denied

New Temporary Expiration Date (if approved): _____

Executive Director Signature: _____

Date: _____

Notes: _____
