



Individuals convicted of an alcohol and/or drug-related offense in New York State (NYS) may substitute a qualifying out-of-state impaired driver program for the NYS Alcohol and Drug Rehabilitation Program/Impaired Driver Program (IDP) in order to satisfy court-ordered IDP requirements and/or to obtain a conditional driver license/privilege.

This form may also be used by Native American, U.S. Military and U.S. Veterans Administration programs that do not participate in the New York State Office of Addiction Services and Support (OASAS) Impaired Driver System (IDS).

This document is to be completed by the qualifying program and signed by the director/coordinator, as well as the motorist, and forwarded to the New York State Department of Motor Vehicles (NYS DMV). This form serves as an attestation that the program meets the requirements set forth below and provides for a mechanism to track the progress of the motorist from enrollment through the satisfaction of all requirements including treatment (if needed) and, ultimately, program completion.

Out-of-State Program Requirements:

- 1. The program must be approved or accepted by the state in which it is located to provide instruction to alcohol and drug related driving offenders.
2. The program must have an educational component consisting of a minimum of 12 hours of in-person alcohol and drug related education. On-line programs do not meet the NYS DMV requirement.
3. The program must include a screening component using a standardized written screening instrument to evaluate whether the individual requires further evaluation or treatment.
a. If the selected program lacks a screening component, a substance use disorder assessment/evaluation must be completed by an approved Substance Abuse and Mental Health Services Administration (SAMHSA) provider. To locate a provider, visit the SAMHSA website at http://findtreatment.samhsa.gov
b. Any recommended treatment must be completed before the out-of-state program provider reports a status of completion to the NYS DMV.

SECTION 1 Verification of Enrollment

Instructions: This section must be completed by an out-of-state program for offenders of alcohol or drugged driving upon participant enrollment, and signed by both the program director/coordinator and participant. This form is for the exclusive use of qualifying out-of-state programs, as defined above. If you are not sure whether an out-of-state program qualifies, please contact the NYS Impaired Driver Program at (518) 473-7174.

This original form is to be retained by the out-of-state program. A signed copy of this document must be provided to the participant, and a second copy sent to: New York State Department of Motor Vehicles, Impaired Driver Program, 6 Empire State Plaza, Room 336, Albany, NY, 12228. Fax (518) 388-1810 or Email: Impaireddriverprogram@dmv.ny.gov.

Please note, NYS DMV will verify all information submitted on this form with the identified course provider.

PARTICIPANT INFORMATION (PLEASE PRINT)

Participant Name
Mailing Address
Date of Birth NYS License ID # OR Out-of-State License ID #
Telephone # () Email Address

PROGRAM INFORMATION

Program Name
Contact Name
Address
Telephone # () Fax # () Email address
Program Start Date Anticipated Completion Date Are participants required to have a substance use disorder assessment/evaluation? Yes No

SECTION 1 Verification of Enrollment (continued)

CERTIFICATION:

I certify under penalty of law that the participant identified above has enrolled into our state’s program for alcohol or drugged related driving offenders. I understand the NYS Impaired Driver Program education and screening criteria, as set forth in this document, and attest that this program complies with all requirements. I understand that if the participant fails to meet any of the requirements of the Impaired Driver Program, I will notify the NYS DMV immediately as this may result in the revocation of the participant’s conditional driver license/privilege.

Director/Coordinator’s Name (print) _____

Director/Coordinator’s Signature **X** _____ Date _____

AUTHORIZATION:

I consent and authorize communication between the out-of-state program for offenders of alcohol or drugged driving identified above and NYS DMV of any information pertaining to my current and/or any past impaired driving/intoxicated offense(s).

I understand that the outcome of my participation in this program will be reported to the NYS DMV and failure to meet the program’s requirements may result in the revocation of my conditional license or privilege. A false statement on this application may be punishable as a crime under the New York State Penal Law.

Participant’s Signature **X** _____ Date _____

SECTION 2 Verification of Program Outcome

Instructions: This section must be completed by an out-of-state program for offenders of alcohol or drugged driving upon completion of all program requirements, including any recommended treatment noted above, and signed by both the program director/coordinator and participant. If the participant fails to successfully complete the program, the program director or coordinator must notify the NYS DMV immediately.

This original form is to be retained by the out-of-state program. A signed copy of this document must be provided to the participant, and a second copy sent to: **New York State Department of Motor Vehicles, Impaired Driver Program, 6 Empire State Plaza, Room 336, Albany, NY, 12228. Fax (518) 388-1810 or Email: Impaireddriverprogram@dmv.ny.gov.**

Please note, NYS DMV will verify all information submitted on this form with the identified course provider.

I confirm that _____ has successfully completed this program (this includes any additional treatment required based on the assessment/evaluation) on _____ .
(Client’s Name) Date

I confirm that _____ did not complete this program for the following reason:
(Client’s Name)

CERTIFICATION:

I certify under penalty of law that the participant identified above has enrolled into our state’s program for alcohol or drugged related driving offenders. I understand the NYS Impaired Driver Program education and screening criteria, as set forth in this document, and attest that this program complies with all requirements. I understand that if the participant fails to meet any of the requirements of the Impaired Driver Program, I will notify the NYS DMV immediately as this may result in the revocation of the participant’s conditional driver license/privilege.

Director/Coordinator’s Name (print) _____

Director/Coordinator’s Signature **X** _____ Date _____