



MAILING ADDRESS:
 MISSOURI DEPARTMENT OF MENTAL HEALTH
 CONTROLLER'S OFFICE
 SUBSTANCE AWARENESS TRAFFIC OFFENDER PROGRAM (SATOP)
 PO BOX 596, JEFFERSON CITY, MO 65102-0596

PHONE: (573) 522-4020

Esta forma deberá llenarse por la agencia donde recibió las clases.

DO NOT SUBMIT THIS FORM TO THE MISSOURI DEPARTMENT OF REVENUE

SATOP COMPARABLE PROGRAM COMPLETION FORM
 (PLEASE READ THE COMPLETION REQUIREMENTS)

Section I must be completed by **OFFENDER** and Sections II, III, and IV must be completed by **AGENCY**. Please print legibly.

I. OFFENDER INFORMATION

NAME (LAST, FIRST, MI)				SOCIAL SECURITY NUMBER	
CURRENT MAILING ADDRESS				CURRENT TELEPHONE NUMBER	
CITY	COUNTY	STATE	ZIP CODE	DATE OF BIRTH	
STATE WHERE LICENSE ISSUED				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

II. OFFENDER COMPLETION INFORMATION (IN ACCORDANCE WITH STATUTE RSMO 302.540 AND RULE AND REGULATION 9 CSR 30-3.206)

A) OUT-OF-STATE RESIDENTS (INDIVIDUALS MUST RECEIVE A DRUG & ALCOHOL ASSESSMENT AND COMPLETE THE RECOMMENDATIONS)

DATE OF ASSESSMENT (MM/DD/YY)	NAME OF ASSESSOR OR ASSESSMENT AGENCY		
RECOMMENDATIONS (EDUCATION AND/OR TREATMENT (MINIMUM OF 10 HOURS))		DESCRIPTION OF PROGRAM SUCCESSFULLY COMPLETED	
BEGINNING DATE: EDUCATION/TREATMENT (MM/DD/YY)	ENDING DATE: EDUCATION/TREATMENT (MM/DD/YY)	TOTAL HOURS	

B) MISSOURI RESIDENTS ONLY - COMPLETE THIS SECTION

EDUCATION TREATMENT BEGINNING DATE (MM/DD/YY)	EDUCATION TREATMENT ENDING DATE (MM/DD/YY)	
NUMBER OF TREATMENT HOURS SUCCESSFULLY COMPLETED (MUST BE A MIN OF 120 HOURS W/40 HOURS COUNSELING)		TOTAL HOURS
<input type="checkbox"/> Individual Counseling <input type="checkbox"/> Group Counseling <input type="checkbox"/> Group Education <input type="checkbox"/> Driver-Related Education <input type="checkbox"/> Family Therapy		

III. AGENCY CERTIFICATION/ACCREDITATION

I HEREBY CERTIFY THAT THIS AGENCY IS STATE CERTIFIED AND/OR NATIONALLY ACCREDITED BY:

STATE CERTIFIED: YES NO / NATIONALLY ACCREDITED BY: CARF TJC COA

CERTIFYING DEPARTMENT/STATE DIVISION (IF APPLICABLE)	TELEPHONE NUMBER
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IV. AGENCY AUTHORIZATION

I HEREBY CERTIFY THAT I AM A REPRESENTATIVE OF THE AGENCY LISTED BELOW AND AM AUTHORIZED TO COMPLETE THIS FORM.

NAME (PLEASE PRINT LEGIBLY)	SIGNATURE (MUST BE SIGNED)	DATE
TITLE OF PERSON SIGNING FORM	AGENCY	
STREET ADDRESS		TELEPHONE NUMBER
CITY	STATE	ZIP CODE

SATOP INTERNAL USE ONLY

OFFENSE DATE:

SATOP COMPLETED
 YES NO

APPROVAL STAMP

SATOP COMPARABLE PROGRAM COMPLETION REQUIREMENTS

OUT-OF-STATE RESIDENTS (Make sure each item on the checklist below has been completed prior to mailing this form)

- Obtain a drug and alcohol assessment from a state certified or nationally accredited agency and be no less than 6 months old. The assessor must provide a recommendation of either education or treatment and complete Section I of this form. You may obtain a contact number for your state to obtain an assessment from our website at: <https://dmh.mo.gov/ada/satop/usaomu.html> If you have already successfully completed substance use treatment services since your offense, the hours may be used toward completion requirements.
- Based on the assessment, complete the recommendation of education/assessment. The minimum acceptable completion requirement is 10 hours of drug and alcohol education. **We do not accept online courses.**
- The agency that provides the education/treatment must complete Sections IIA, III, and IV of this form.
- Submit a signed money order along with this form. payable to the Mental Health Earning Fund in the amount of \$249.00. This supplemental fee is required by state statute.
- Check with the Missouri Department of Revenue to verify any additional license reinstatement requirements (SR-22, Interlock, reinstatement fee). Phone: (573) 751-4833.

*Once all documentation has been received and approved, we will mail you a receipt and copy of your SATOP Completion. The SATOP Completion will be sent electronically to the Missouri Department of Revenue to satisfy the SATOP requirement.

MISSOURI RESIDENTS (Make sure each item on the checklist below is completed. You have the option to complete a contracted SATOP or a comparable program). The following requirements pertain to a comparable program only.

- Obtain a drug and alcohol assessment and complete a treatment program that is state certified and/or nationally accredited (Comparable program). You must complete a minimum of 120 hours of substance use treatment during a period of no less than 21 calendar days. Of the 120 hours, 40 hours must be individual and/or group counseling. The remaining hours must include any combination of the following: individual counseling, group counseling, group education, and family therapy.
- Complete Section I of this form. The agency where you receive treatment services must complete Sections IIB, III, and IV.
- Once you have successfully completed a substance use treatment program, contact your local SATOP Offender Management Unit (OMU) for an appointment to have the comparable form processed. It is important to keep a copy of all documentation related to the completion of your program. A supplemental fee of \$249.00 plus a \$46.00 administrative fee must be paid to the OMU at that time. A listing of OMU's can be found at: <http://dmh.mo.gov/ada/satop/omu.html> or by calling (573) 522-4020 and selecting Option 3. The OMU will evaluate the program you completed to determine if it meets Comparable Program requirements.

Working out-of-state-only If you are working out-of-state or attending an out-of-state school, your SATOP may be completed in that state. Verification of work or student status will be required. You must mail a completed copy of this form along with a \$249.00 signed money order payable to the Mental Health Earnings Fund (supplemental fee) to the address listed on front in order to be processed.

Corrections, Veteran's Administration, Military, Bureau of Prisons-only. For programs completed thru the Department of Corrections, Veteran's Administration, Military, Federal Bureau of Prisons send a completed SATOP Comparable Program Form along with a signed money order in the amount of \$249.00 payable to the Mental Health Earnings Fund to the Department of Mental Health/SATOP. The address is listed on the front of this form. If you have completed a Missouri Department of Corrections Institutional Treatment Program, contact the Missouri Department of Corrections at (573) 522-1517.

INSTRUCCIONES EN ESPAÑOL PARA EL CLIENTE

RESIDENTE DE OTRO ESTADO

- **Si usted no es residente de Missouri**, es necesario que mande por correo esta forma con la cuota suplemental de \$249.00 en forma de money orden pagable a Mental Health Earnings Fund a la dirección indicada la frente de esta forma. Si es posible, también mande una prueba de haber cumplido con los requisitos de la clase.
- **Si usted no es residente de Missouri pero fue evaluado en Missouri**, es necesario que mande por correo esta forma y una copia de su SATOP Offender Assignment Form (A) Form y/o un recibo indicando que usted a pagado la cuota suplemental a la dirección que se encuentra al frente de esta forma. Si es posible, también mande una prueba de haber cumplido con los requisitos de la clase.
- Cuando nuestra oficina reciba su forma y documentación previamente mencionada, nosotros nos pondremos en contacto con la agencia donde recibió los servicios. Si el programa es aprobado, enviaremos su forma al Missouri Department of Revenue, por sistema de fax. Si usted tiene preguntas acerca del **estatus de su licencia de manejar**, necesita llamar al Missouri Department of Revenue al numero (573) 751-4600.

RESIDENTE DE MISSOURI

- **Si usted es residente de Missouri**, es necesario que presente que presente esta forma a un Offender Management Unit (OMU) y si es posible, también lleve una prueba de haber cumplido con los requisitos. Un cuota suplemental de \$249.00 y \$46.00 de costos administrativos, para un total de \$295.00, en forma de money orden se necesitara que pagar en ese tiempo. Una lista de Offender Management Units (OMUs) se pueden obtener a <http://dmh.mo.gov/ada/satop/omu.html> o puede llamar al numero (573) 522-4020.
- La oficina OMU determinara si el programa que hizo satisface los requisitos para SATOP. Si el programa es aceptable, la oficina OMU notificara al Department of Revenue electrónicamente. Si usted tiene preguntas acerca del estatus de su licencia de manejar, necesita llamar al Missouri Department of Revenue al numero (573) 751-4600.

AGENCY INSTRUCTIONS

- All areas of this form must be complete and accurate
- **DO NOT FAX OR MAIL THIS FORM AND/OR ANY OTHER DOCUMENTATION TO OUR OFFICE OR THE DEPARTMENT OF REVENUE.** The completed form must be given to the offender, so they may mail it with their money order.