

State of California

Department of Alcohol and Drug Programs

License and Certification

In accordance with applicable provisions of the Health and Safety Code of California and its rules and regulations, and standards, the Department of Alcohol and Drug Programs hereby licenses and certifies:

NARCONON OF NORTHERN CALIFORNIA

to operate and maintain an adult residential alcohol and/or drug abuse/recovery or treatment facility using the following name and location:

**NARCONON OF NORTHERN CALIFORNIA
262 GAFFEY ROAD
WATSONVILLE, CALIFORNIA 95076**

This license and certification extends to the following services:

**DETOXIFICATION; INDIVIDUAL SESSIONS;
RECOVERY OR TREATMENT PLANNING; GROUP SESSIONS;
AND EDUCATIONAL SESSIONS**

*Limitations or conditions are listed as follows:
Treatment/Recovery Capacity: 40*

MALES AND FEMALES

**License/Certification Number:
440009CN**

**Effective Date : 01/01/2005
Expiration Date : 12/31/2006**



David McChesney
Authorized Representative

*Complaints regarding services provided in this facility should be directed to:
Complaint Coordinator, Residential and Outpatient Programs Compliance Branch
1700 K Street, Sacramento, CA 95814-4037*

(916) 322-2911 FAX (916) 322-2658 E-mail: LCBcomp@adp.state.ca.us

Post in a prominent location. This License is not transferable

State of California

Department of Alcohol and Drug Programs

Certification

In accordance with application provisions of the Health and Safety Code of California and its rules, regulations, and standards, the Department of Alcohol and Drug Programs hereby certifies:

NARCONON OF NORTHERN CALIFORNIA

To operate and maintain an alcohol and/or other drug abuse/recovery or Treatment facility using the following name and location:

**NARCONON OF NORTHERN CALIFORNIA-IOP / DAY TREATMENT
262 GAFFEY ROAD
WATSONVILLE, CALIFORNIA 95076**

This certification extends to the following services:

**OUTPATIENT ALCOHOL AND/OR OTHER DRUG SERVICES; AND
DAY TREATMENT ALCOHOL AND/OR OTHER DRUG SERVICES**

Certification Number:

440009DN

Effective Date: 01/01/2005

Expiration Date: 12/31/2006




Authorized Representative

Complaints regarding services provided in this facility should be directed to:
Residential and Outpatient Programs Compliance Branch
1700 K Street, Sacramento, California 95814-4037
(916) 322-2911 FAX: (916) 322-2658 E-mail: LCBcomp@adp.state.ca.us