



# Certificate of Licensure

**Issued to:** KEYSTONE DRUG AND ALCOHOL

**Facility No.:** 407087

**Type:** FULL

**THIS CERTIFICATE AUTHORIZES**

KEYSTONE DRUG AND ALCOHOL  
341 WYOMING AVENUE  
WYOMING, PA 18644

**To Provide The Following Drug and Alcohol Activities Up To The Identified Maximum Number Of Persons**

Outpatient (105)

Outpatient Other Chemotherapy (0)

**Approval Date:** October 01, 2024

**Expiration Date:** September 30, 2025



A handwritten signature in black ink, appearing to read "Latika Davis-Jones".

*Latika Davis-Jones, PhD, MPH, MSW*  
*Secretary of Drug and Alcohol Programs*

NOTE: THIS CERTIFICATE OF LICENSURE IS ISSUED TO THE ORGANIZATION NAMED ABOVE AND IS FOR THE PREMISES AND FACILITY NAMED AND IS NOT TRANSFERRABLE.