

CERTIFIED NARCOTIC TREATMENT SERVICE FOR OPIATE ADDICTION: MEDICATION UNIT APPLICATION

- Questions regarding this form may be directed to the Division of Quality Assurance (DQA), Behavioral Health Certification Section (BHCS) at 608-261-0656.
- Return completed form and required fee to: DHS DQA - Behavioral Health Certification Section / PO Box 2969 / Madison, WI 53701-2969. The fee for each medication unit is \$500.
- After the completed application and fee is received a BHCS surveyor will contact you to arrange a date and time for an onsite survey.
- Medication unit means a facility established as part of a service but geographically separate from the service, from which licensed private practitioners and community pharmacists are:
 1. Permitted to administer and dispense a narcotic drug.
 2. Authorized to conduct biochemical monitoring for narcotic drugs.

I. GENERAL INFORMATION: MAIN CLINIC

MAIN CLINIC INFORMATION

Name – Main Clinic		Certification Number		
Phone Number	Fax Number	Email Address (Contact Person)		
Street Address	City	County	State	Zip Code

II. MEDICATION UNIT INFORMATION

If applying for certification for multiple medication unit locations, submit a separate application and fee for each one

A. Medication Unit Information

Name – Medication Unit		Phone Number		
Street Address	City	State	Zip Code	

Distance from Main Office: _____ miles

Total number of patients to be served by the primary facility and medication unit: _____ patients

Total number of patients that will be served only at this medication unit: _____ patients

B. Required Supporting Documentation *(submit these required documents specific to this medication unit)*

- Schedule indicating days and hours when this medication unit office is open
- Documentation describing how consumer records are stored
- Description of the policies of oversight for the clinic administrator and of the policies for collaboration and/or supervision in the medication unit
- Copy of the SMA-162 form that was submitted to SAMHSA adding a medication unit
- Description of how the medication unit receives the medication supply
- Diagram and description of the facilities to be used as a medication unit
- Justification for need to establishing a medication unit

C. Attestation

Check to confirm agreement with each attestation statement and sign in the section below.

- I attest that the medication unit is limited to administering and dispensing the narcotic treatment drug and collecting samples for drug testing or analysis
- I attest that the sponsor agrees to retain responsibility for patient care
- I attest that all statements made on this form are true and correct to the best of my knowledge.

SIGNATURE – Entity Owner, Representative, or Authorized Representative		Date Signed	
Full Name <i>(Print or type)</i>	Title		

