



15. I certify that the information presented above is true and correct to the best of my knowledge. I certify that I will notify SAMHSA at the address below if any of the information contained on this form changes. Note: Any false, fictitious, or fraudulent statements or information presented above or misrepresentations relative thereto may violate Federal laws and could subject you to prosecution, and/or monetary penalties, and or denial, revocation or suspension of DEA registration (See 18 U.S.C.§1001; 31 U.S.C.§§3801-3812; 21 U.S.C.§824.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please send the completed form to:*  
 Substance Abuse and Mental Health Services Administration  
 Office of Pharmacologic and Alternative Therapies  
 Attention: Opioid Treatment Waiver Program  
 CSAT, Rockwall II Building, Suite 740  
 5600 Fishers Lane  
 Rockville, MD 20857  
 Fax 301-443-3994  
 Phone 301-443-7745

This form is intended to facilitate the implementation of the provisions of 21 USC § 823 (g)(2). The Secretary of DHHS will use the information provided to determine whether practitioners meet the qualifications for waivers from the separate registration requirements under the Controlled Substances Act (21 USC § 823 (g)(1)). The Drug Enforcement Administration will assign an identification number to qualifying practitioners and the number will be included in the practitioner's registration under 21 USC § 823 (f).

This form may be completed and submitted electronically (including facsimile) to facilitate processing.

1. The practitioner must identify the DEA registration number issued under 21 USC§ 823(f) to prescribe substances controlled in Schedules III, IV, or V.

2. The address should be the primary address listed in the practitioner's registration under § 823(f). Only one address should be specified. If the narcotic drugs or combinations to be used under this notification are to be dispensed by the practitioner then the address must reflect the site where the medication will be dispensed.

6. Group practice is defined under section 1877(h)(4) of the Social Security Act.

14. The SAMHSA Treatment Facility Locator is freely accessible on the World Wide Web (<http://findtreatment.samhsa.gov>) and is widely used by the members of the treatment seeking public and referring professionals. It lists more than 11,000 facilities that offer specialized drug and alcohol abuse treatment programs and provides links to many other sources of information on substance abuse. The information on physicians will be retrieved by a geographical search of a separate category within the locator. No disclosures to the SAMHSA Treatment Facility Locator will be made in the absence of express consent.

8. Purpose of notification:  
 New - an initial notification for a waiver submitted for the purpose of obtaining an identification number from DEA for inclusion in the registration under 21 U.S.C. §823(f).  
 Immediate - a notification submitted for the purpose of notifying the Secretary and the Attorney General of the intent to immediately facilitate the treatment of an individual (one) patient.

Note: It is permissible to submit a new and immediate notification simultaneously.

**PRIVACY ACT INFORMATION**

Authority: Section 303 of the Controlled Substances Act of 1970 (21 U.S.C §823(g)(2)).

Purpose: To obtain information required to determine whether a practitioner meets the requirements of 21 U.S.C §823(g)(2).

Routine Uses: Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Medical specialty societies to verify practitioner qualifications.
- B. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- C. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- D. Persons registered under the Controlled Substance Act (PL 91-513) for the purpose of verifying the registration of customers and practitioners.

Effect: This form was created to facilitate the submission and review of waivers under 21 U.S.C. §823(g)(2). This does not preclude other forms of notification.

**Paperwork Reduction Act Statement**

Public reporting burden for completing this form is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the completed form. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0234). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0234); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.