**Note**: This application form shall be completed in its entirety and signed. Information submitted on the application is subject to verification. A completed application shall be submitted for each Authorized Healthcare Professionals Recognized by the State of Arizona for which you are applying.

**Program OTP No:**

**Program Name:**

**Program Address:**

**Telephone:**       **Fax:**       **E-mail:**

**Name & Title of Program Sponsor:**

**Name & Title of Program Medical Director:**

**SAMHSA Certification Number and Expiration Date:**

**Recent Accreditation Survey Date:**

The Opioid Treatment Program is submitting a request to renew its exemption to the regulatory requirements 42 CFR 8.11(h). This request continues to expand aspects of medication-assisted treatment services provided by an authorized healthcare professional other than a physician. The renewal request is an extension of the Substance Abuse and Mental Health Services Administration (SAMHSA) Mid-Level Exemption Request approved on       and covers the same Mid-Level Practitioners authorized in SAMHSA’s most recent approval. If different Mid-Level Practitioners have been hired since the most recent approved exemption, indicate which Mid-Level Practitioners were not listed on the approved exemption.

**Justification for Request**

[ ]  Primary Reasons for Continuing Mid-Level Exemption

Comments:

**Authorized Healthcare Professionals Recognized by the State**

[ ]  Physician Assistants

[ ]  Nurse Practitioners

**Other Considerations**

Include documentation regarding the following\*\*:

* Medical Director’s and Mid-Level Practitioner’s DEA Registration, State License, Curriculum Vitae, MAT Training (if the Medical Director has a waiver DEA registration, then the waiver DEA registration number would be indicated and also noted on CV);
* How Mid-Level Practitioners and physicians collaborate on patient care;
* How Mid-Level Practitioners keep current with the latest medical education; and
* What quality measures the OTP has in place.

Documentation Comments:

Other Comments:

**Submitted By**

**Name of Sponsor Signature of Sponsor Date**

           /     /

**Name of Medical Director Signature of Medical Director Date**

           /     /

**State Response to Request State Opioid Treatment Authority Date**

      /     /

[ ]  Approved

[ ]  Denied

Comments:

**Federal Response to Request Center for Substance Abuse Treatment Date**

      /     /

[ ]  Approved

[ ]  Denied

Comments:

**Date of Approval:      /     /      Exemption Expiration Date:      /     /     \*\*\***

\*\*42 CFR 8.11 (h) *Exemptions.* An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and 42 CFR 8.12. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the renewal application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

\*\*\*The OTP’s policies and procedures documenting mid-level practitioner practices and oversight must be provided as an attachment to this application.

**\*\*\*\***A continuing exemption request must be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

\*\*\*\*\* Submission of the exemption will be validated annually. Following the approval letter from CSAT, renewal requirement must be submitted by completing Attachment B - 60 days prior to expiration date for validation and processing. If the exemption is not submitted in a timely manner; Attachment A will have to be re-submitted.

Refer to the following link for the state opioid treatment authority contact information: http://dpt2.samhsa.gov/regulations/smalist.aspx

**Submit Form:**

**Arizona State Opioid Treatment Authority**grantsmanagement@azahcccs.gov

Arizona Health Care Cost Containment System

701 E. Jefferson St., MD 6500, Phoenix, Arizona 85034