

Submitting Notice of Intent (NOI) at the 30-Patient Waiver Level



Go to this link: <http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php>

System Use Notification

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
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Submit 275-Patient Annual Reports Using This Same Interface

Before you begin

Before starting this application, please make sure you have

- Your DEA Number
- Your State Medical License Number
- Your Training Certificate Information (Only Required for new Waivers)

After submitting application waiver, submit your training certificate to csatbupinfo@dsgonline.com

Do you work for the US military, Veterans Administration, or Indian Health Service?

Yes No

[Next](#)

For more information, contact the SAMHSA Center for Substance Abuse Treatment's (CSAT's) Buprenorphine Information Center at 866-BUP-CSAT (866-287-2728) or send an email to infobuprenorphine@samhsa.hhs.gov.

Select "Yes" or "No."
Click "Next."

Look up your DEA number and address on file here: <https://apps.dea diversion.usdoj.gov/webforms/validateLogin.jsp>

Check your waiver eligibility

Enter your information below to check your waiver eligibility and get started.

Select type.

Select your practitioner type:

MD/DO APRN (NP/CNS/CRNA/CNM) PA

Select state.

Licensing State:

~select

Enter ML number.

State Medical License Number:

Letters and numbers only. No spaces or dashes.

Enter DEA number.

DEA Registration Number:

Letters and numbers only. No spaces or dashes.

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Submit

You will receive a prompt to apply for the 100-patient level if you meet certain criteria.

buprenorphine.samhsa.gov says

Please apply for the 100-patient level if you meet either of the following criteria:

1) You hold a board certification in addiction medicine or addiction psychiatry by the American Board of Preventive Medicine or the American Board of Psychiatry and Neurology.

OR

2) You provide medication-assisted treatment in a qualified practice setting.

Click here for next screen



OK

What is a Qualified Practice Setting?

- A qualified practice setting is a practice setting that:
 - i. provides professional coverage for patient medical emergencies during hours when the practitioner's practice is closed;
 - ii. provides access to case-management services for patients including referral and follow-up services for programs that provide, or financially support, the provision of services such as medical, behavioral, social, housing, employment, educational, or other related services;
 - iii. uses health information technology systems such as electronic health records;
 - iv. is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law; and
 - v. accepts third-party payment for costs in providing health services, including written billing, credit, and collection policies and procedures, or Federal health benefits.

Please note, all five criteria must be met.

We encourage eligible providers to apply for the 100-patient waiver. This does not mean you have to treat 100 patients.

New Applicant Eligible For Waiver Level 30 or 100

Based on the credentials entered, you appear to be a new applicant. If this is not the case and you have previously submitted a waiver application, please recheck your data and resubmit so that we can link your new activity to your existing account. If you need further assistance, please contact our help desk at 866-BUP-CSAT (866-287-2728). You can also email us at infobuprenorphine@samhsa.hhs.gov.

Starting at the 100-Patient Level

New legislation makes it possible for practitioners to apply for a waiver at the 100-patient level if they meet the following condition(s):

- No Yes I am board certified in addiction medicine or addiction psychiatry by the American Board of Preventive Medicine or the American Board of Psychiatry and Neurology.
OR
 No Yes I provide medication-assisted treatment with covered medications (as such terms are defined under 42 C.F.R. § 8.2) in a qualified practice setting as described under 42 C.F.R. § 8.615.

Select your practitioner type:

- MD/DO APRN (NP/CNS/CRNA/CNM) PA

Licensing State:

Maryland

State Medical License Number:

1234567

DEA Registration Number:

AB1234567

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Submit

Make applicable selections

New Applicant Eligible For Waiver Level 30 or 100

Based on the credentials entered, you appear to be a new applicant. If this is not the case and you have previously submitted a waiver application, please recheck your data and resubmit so that we can link your new activity to your existing account. If you need further assistance, please contact our help desk at 866-BUP-CSAT (866-287-2728). You can also email us at infobuprenorphine@samhsa.hhs.gov.

Starting at the 100-Patient Level

New legislation makes it possible for practitioners to apply for a waiver at the 100-patient level if they meet the following condition(s):

- No Yes I am board certified in addiction medicine or addiction psychiatry by the American Board of Preventive Medicine or the American Board of Psychiatry and Neurology.
OR
 No Yes I provide medication-assisted treatment with covered medications (as such terms are defined under 42 C.F.R. § 8.2) in a qualified practice setting as described under 42 C.F.R. § 8.615.
 Although I am eligible for the 100-patient level, I wish to only apply for the 30-patient level.

You appear to be eligible to apply for the 100-patient waiver. Press Next to begin your 100-patient waiver application.

Next

You can apply for the 30-patient waiver, even if you are eligible for a 100 patient waiver. Check this box to apply for the 30-patient waiver.

Click here for next screen

- 1A. Type in name.
- 1B. (Auto populated).
- 1C. Select professional discipline.
- 1D. (Auto populated).

1A. NAME OF PRACTITIONER

First Name

Middle Name

Last Name

Suffix

1B. State Health Professional License Number

License State

1C. Professional Discipline

1D. DEA Registration Number ⓘ

2. Type in primary/service address where you intend to practice.
3. Type in primary/service phone number.
4. Type in fax number (optional).
5. Type in e-mail twice. (This e-mail is where you will receive your approval letter.)

Only one address should be specified. For the practitioner to dispense the narcotic drugs or combinations to be used under this notification, the primary address listed here must be the same primary address listed in the practitioner's registration under § 823(f).

2. ADDRESS OF PRIMARY LOCATION

Address Line 2

City

State

Zip Code

3. TELEPHONE NUMBER

Extension (if applicable)

4. FAX NUMBER

5. EMAIL ADDRESS

Confirm Email Address

New Notification - an initial notification for a waiver submitted for the purpose of obtaining an identification number from DEA for inclusion in the registration under 21 USC § 823(f).

***New Notification 100** - an initial notification for a waiver

New Notification, with the intent to immediately facilitate treatment of an individual (one) patient - an initial notification submitted for the purpose described above, with the additional purpose of notifying the Secretary and the Attorney General of the intent to provide immediate opiate addiction treatment for an individual (one) patient pending processing of this waiver notification.

Second Notification - For physicians who submitted a new notification not less than one year ago and intend and need to treat up to 100 patients. (See Office of National Drug Control Policy Reauthorization Act of 2006.)

6. PURPOSE OF NOTIFICATION

- New Notification to treat up to 30 patients
- Second notification of need and intent to treat up to 100 patients
- New Notification, with the intent to immediately facilitate treatment of an individual (one) patient
- New notification to treat up to 100 patients*

*NOTE: In order to treat up to 100 patients in the first year, practitioners must either hold additional credentialing as defined under 42 C.F.R. § 8.2, or provide medication-assisted treatment with covered medications (as such terms are defined under 42 C.F.R. § 8.2) in a qualified practice setting as described under 42 C.F.R. § 8.615.

7. CERTIFICATION OF USE OF NARCOTIC DRUGS UNDER THIS NOTIFICATION

- When providing maintenance or detoxification treatment, I certify that I will only use Schedule III, IV, or V drugs or combinations of drugs that have been approved by the FDA for use in maintenance or detoxification treatment and that have not been the subject of an adverse determination.

6. (Auto selected for 30 or 100).
7. Check off box.

8. CERTIFICATION OF QUALIFYING CRITERIA

I certify that I meet at least one of the following criteria and am therefore a qualifying physician (Check and provide copies of documentation for all that apply):

- Subspecialty board certification in Addiction Psychiatry or Addiction Medicine from the American Board of Medical Specialties
- Addiction certification or board certification from the American Society of Addiction Medicine or American Board of Addiction Medicine
- Subspecialty board certification in Addiction Medicine from the American Osteopathic Association

Completion of not less than eight hours of training for the treatment and management of opioid-dependent patients that included training on the following topics: opioid maintenance and detoxification; appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder; initial and periodic patient assessments (including substance use monitoring); individualized treatment planning, overdose reversal, and relapse prevention; counseling and recovery support services; staffing roles and considerations; and diversion control; and that was provided by the following organization(s):

- American Society of Addiction Medicine (ASAM)
- American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- American Osteopathic Association (AOA)/American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Psychiatric Association (APA)
- SAMHSA Providers' Clinical Support System (PCSS)
- Other (Specify, include date and location)

Date and location of training (Use "Web" for city if web training was received):

Date	City	State
<input type="text"/>	<input type="text"/>	<input type="text" value="Maryland"/>

- Participation as an investigator in one or more clinical trials leading to the approval of a narcotic medication in Schedule III, IV, or V for maintenance or detoxification treatment.
- State medical licensing board-approved experience or training in the treatment and management of patients with opioid dependency.
- Graduated in good standing from an accredited school of allopathic medicine or osteopathic medicine in the United States during the last five (5) years, and during which I successfully completed a comprehensive allopathic or osteopathic medicine curriculum, or accredited medical residency, that included at least 8 hours of training on treating and managing opioid-dependent patients that included training on the following topics: opioid maintenance and detoxification; appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder; initial and periodic patient assessments (including substance use monitoring); individualized treatment planning, overdose reversal, and relapse prevention; counseling and recovery support services; staffing roles and considerations; and diversion control.
- Other

Specify

Check off which training you completed.

Type in date and city and state of training.

Leave "For Second Notifications" unchecked.

For 100-patients, select the "New Notifications for 100" and the applicable selection below. Leave blank for 30-patient Notifications

- For Second Notifications - I certified qualifications in my initial notification and these qualifications have not changed
 - Subspecialty board certification in Addiction Psychiatry or Addiction Medicine from the American Board of Medical Specialties
 - Addiction certification or board certification from the American Society of Addiction Medicine or American Board of Addiction Medicine
 - Subspecialty board certification in Addiction Medicine from the American Osteopathic Association
 - Provide medication-assisted treatment in a "qualified practice setting" as defined in 42 C.F.R. § 8.615

- New Notification for 100 Patients – I certify that I meet at least one of the following criteria and am therefore a qualifying physician.
 - Subspecialty board certification in Addiction Psychiatry or Addiction Medicine from the American Board of Medical Specialties
 - Addiction certification or board certification from the American Society of Addiction Medicine or American Board of Addiction Medicine
 - Subspecialty board certification in Addiction Medicine from the American Osteopathic Association
 - Provide medication-assisted treatment in a "qualified practice setting" as defined in 42 C.F.R. § 8.615

Upload completed training certificate and a copy of your medical license.

You may upload any documentation of your training here. If you do not provide a copy of your certificate, this may result in delayed processing of your waiver. Please retain a copy of the training certificate for your records as proof of required training completion.

Choose files To Upload

Choose Files

9. Check off both boxes.

9B. (Auto selected for 30 or 100).

9. CERTIFICATION OF CAPACITY

- I certify that I have the capacity to provide patients with appropriate counseling and other appropriate ancillary services, either directly or by referral.
- I certify that I have the capacity to provide, directly or through referral, all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder, including for maintenance, detoxification, overdose reversal, and relapse prevention.

9B. CERTIFICATION OF MAXIMUM PATIENT LOAD

- I certify that I will not exceed 30 patients for maintenance or detoxification treatment at one time.
- Second Notification – I have provided treatment at the 30 patient limit for one year and need to treat up to 100 patients and I certify that I will not exceed 100 patients for maintenance or detoxification treatment at one time if I meet the criteria under 21 U.S.C. 823(g)(2)(B)(iii)(II)(aa)-(cc).
- New Notification for 100 Patients – I will not exceed 100 patients for maintenance or detoxification treatment at one time.

The SAMHSA Treatment Locator Web site is publicly accessible at http://buprenorphine.samhsa.gov/bwns_locator. The Locator Web site lists the names and practice contact information of physicians with DATA waivers who agree to be listed on the site. The Locator Web site is used by the treatment-seeking public and health care professionals to find physicians with DATA waivers. The Locator Web site additionally provides links to many other sources of information on substance abuse. No physician listings on the SAMHSA Treatment Locator Web site will be made without the express consent of the physician.

Check a box indicating whether or not you consent.

10A. CONSENT

- I consent to the release of my name, primary practice address, and phone number to the SAMHSA Treatment Locator Web site.
- I do not consent to the release of my name, primary practice address, and phone number to the SAMHSA Treatment Locator Web site.

Check "yes" or "no"—whichever applies to you.

10B. CONSENT Do you also want to be identified on the SAMHSA Treatment Locators as providing treatment with:

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Long-acting injectable naltrexone | <input type="radio"/> | <input type="radio"/> |
| 2. Long-acting injectable buprenorphine | <input type="radio"/> | <input type="radio"/> |
| 3. Long-acting implantable buprenorphine | <input type="radio"/> | <input type="radio"/> |

11.

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 USC § 1001; 31 USC §§ 3801–3812; 21 USC § 824.)

Check off box.

Please type your name to sign this electronic form. Submission Date: 10/10/2019

Sign.

Re-enter DEA number.

Please re-enter your DEA Registration Number to verify:

Hit the "submit" button.

Submit

PLEASE NOTE THE FOLLOWING:

DATA Waiver Team Email Address: InfoBuprenorphine@samhsa.hhs.gov

Confirmation e-mails are sent immediately after your application is submitted.

Approval Letters are e-mailed within 45 days of your complete application submission.

*Please check your junk and spam folders if you have not already added InfoBuprenorphine@samhsa.hhs.gov to your contacts.

Any questions or inquiries should be directed to InfoBuprenorphine@samhsa.hhs.gov or call 1-866-287-2728.