

# Submitting Notice of Intent (NOI) at the 30 or 100-Patient Waiver Level For Nurse Practitioners and Physicians Assistants



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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  - Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

### 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](mailto: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](mailto: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.

Back

Submit

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 your practitioner type:

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

### Select your practitioner sub-type:

Nurse Practitioner (NP)

### Licensing State:

Maryland

### State Medical License Number:

127586

### DEA Registration Number:

MZ5521231

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Submit

Select type.

Select sub-type (if applicable).

Select state.

Enter ML number.

Enter DEA number.

If you provide treatment in a qualified practice setting as described under [42 C.F.R. § 8.615](#), select “Yes,” if not select “No.”

## 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](mailto: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 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

### Select your practitioner sub-type:

Nurse Practitioner (NP) ▼

### Licensing State:

Maryland ▼

### State Medical License Number:

127586

### DEA Registration Number:

MZ5521231

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Submit

If you provide treatment in a qualified practice setting and selected "Yes," you will still have the option to only apply for a 30 waiver

## 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](mailto: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 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

Optional

If you qualify for a 100 patient waiver, we encourage you to apply for the 100 level waiver. This does not require you to treat 100 patients.

If you DO NOT provide treatment in a qualified practice setting and selected “No,” push the “Next” button to continue

## 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](mailto: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 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.

**You are applying for the 30-patient level at this time. Press the Next button to begin your application.**

Next

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

\*NOTE: In order to treat up to 100 patients in the first year, practitioners must 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 Federal Drug Administration for use in maintenance or detoxification treatment and that have not been the subject of an adverse determination.

6. (Auto selected).  
7. Check off box.

# Review the criteria and make the selection that applies to you based on your State's laws

8. Check applicable boxes for "New Notification"  
8. Make the selection based on your state law and enter Supervisory/Collaborating Physician information

## 8. CERTIFICATION OF QUALIFYING CRITERIA

- NEW NOTIFICATION - I certify that I am either a nurse practitioner or physician assistant who satisfies the definition of a "qualifying other practitioner" under 21 U.S.C. § 823(g)(2)(G)(iv), as amended by the Comprehensive Addiction and Recovery Act of 2016.
  
- NEW NOTIFICATION - I certify that I am either a clinical nurse specialist, certified registered nurse anesthetist or certified nurse midwife who satisfies the definition of a "qualifying other practitioner" under 21 U.S.C. § 823(g)(2)(G)(iv), as amended by the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act of 2018, and I am aware that clinical nurse specialists, certified registered nurse anesthetists and certified nurse midwives, will be included in the definition of a "qualifying other practitioner" under 21 U.S.C. § 823(g)(2)(G)(iv) until October 1, 2023.
  
- I certify that I am licensed to prescribe Schedule III, IV, or V medications for the treatment of pain under State law.
  
- I certify that I am NOT required by State law to be supervised by OR work in collaboration with a qualifying physician to prescribe Schedule III, IV, or V medications.
- OR
- I certify that I am required by State law to be supervised by OR work in collaboration with a qualifying physician to prescribe III, IV, or V medications.

**Supervisory/Collaborating Physician Name**

**Supervisory/Collaborating Physician Phone Number**

**Supervisory/Collaborating Physician DEA Number**

# 8. CERTIFICATION OF QUALIFYING CRITERIA (Continued)

Check certification of completion of 24 hr training

I certify that I have completed the required 24 hours of training for the treatment and management of opioid-dependent patients described under 21 U.S.C. § 823(g)(2)(G)(iv)(II)(aa), which covered the following topics: opioid maintenance and detoxification; appropriate clinical use of all drugs approved by the FDA 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. I am therefore a qualifying other practitioner. Check and provide copies of documentation (e.g., certificates of completion for the 8- and 16-hour MAT training courses) for all that apply.

**Completion of:**

- American Society of Addiction Medicine (ASAM)
- American Osteopathic Association (AOA)/American Osteopathic Academy of Addiction Medicine (AOAAM)
- American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- American Psychiatric Association (APA)
- The American Association of Nurse Practitioners (AANP)
- The American Academy of Physician Assistants (AAPA)
- SAMHSA's Providers' Clinical Support System (PCSS)
- American Nurses Credentialing Center (ANCC)
- American Psychiatric Nurses Association (APNA)

Check off which training(s) you completed.

Type in dates of training(s)

**Please Provide Date(s) of Completion:**

## 8. CERTIFICATION OF QUALIFYING CRITERIA (Continued)

Pre-selected checkbox for New Notifications

- SECOND NOTIFICATION FOR 100 PATIENTS - I certify that my qualifications from my initial notification request have not changed.
- NEW NOTIFICATION TO TREAT 100 PATIENTS - I certify that 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.

Upload a copy of your state medical license and completed training certificate(s).

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.

10. Select New Notification for new 100 waivers or select “I certify that I will not exceed 30 patients” for 30 waivers

**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.

**10. 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.
- Second Notification – I have provided treatment at the 30 patient limit for less than one year, but 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, and need to treat up to 100 patients. I certify that I will not exceed 100 patients for maintenance or detoxification treatment at one time.
- 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](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.

**11A. 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.

**11B. 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"/> |

**12.**

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.)

Please type your name to sign this electronic form. Submission Date: 10/21/2020

Please re-enter your DEA Registration Number to verify:

Submit

Check “yes” or “no”— whichever applies to you.

Check off box.

Sign.

Re-enter DEA number.

Hit the “submit” button.

# PLEASE NOTE THE FOLLOWING:

DATA Waiver Team Email Address: [InfoBuprenorphine@samhsa.hhs.gov](mailto: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](mailto:InfoBuprenorphine@samhsa.hhs.gov) to your contacts.

Any questions or inquiries should be directed to [InfoBuprenorphine@samhsa.hhs.gov](mailto:InfoBuprenorphine@samhsa.hhs.gov) or call 1-866-287-2728.