BUPRENORPHINE Waiver Notification Form

Entering a 30 Patient Notification
Submitting a 30 patient Notification form on line

Before you begin
Before starting this application, please make sure you have
- Your DEA Number
- Your State Medical License Number
- Your Training Certificate Information

Do you work for the US military, Veterans Administration, or Indian Health Service?
☐ Yes  ☐ No

Answer the question yes or no and click the Next button.
Check your eligibility

- Use the drop down menu to select your licensing state.
- Enter your medical license number, letters and numbers only. No spaces or dashes.
- Enter your DEA number, letters and numbers only.
- Click the Submit button.
Eligible?
The system will indicate the number of patients you are eligible to submit a Notification for. Click the Next button.

The state, medical license and DEA number will be pre-populated.
Complete Notification Form

1A. Enter your name and suffix. (M.D. or D.O.)
1B. Medical license number will be pre-populated
1C. License state will be pre-populated
1D. DEA number will be pre-populated
2. **Address** – if you are planning to store buprenorphine on-site, you will need to provide the address you are listed under with DEA. Otherwise, you may provide an address in your licensing state. Do not enter a P.O. Box as your street address.

3. **Enter phone number**

4. **Enter fax number**

5. **Enter email address**, twice. Please provide an email address that you regularly access. All correspondence from SAMHSA will be via email.

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**Buprenorphine Waiver Notification**

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).

<table>
<thead>
<tr>
<th>2. ADDRESS OF PRIMARY LOCATION</th>
<th>3. TELEPHONE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 2</td>
<td>Extension (if applicable)</td>
</tr>
<tr>
<td>City</td>
<td>4. FAX NUMBER</td>
</tr>
<tr>
<td>State</td>
<td>9086873725</td>
</tr>
<tr>
<td>New Jersey</td>
<td>5. EMAIL ADDRESS</td>
</tr>
<tr>
<td>Zip Code</td>
<td>Confirm Email Address</td>
</tr>
<tr>
<td>07083</td>
<td></td>
</tr>
</tbody>
</table>
6. Purpose of Notification

The New box will be pre-checked.

7. Check the box, that you will only use approved Schedule III, IV, & V medications.
8. Certification of Qualifying Criteria
Check the appropriate box if you have a sub-specialty in Addiction medicine or psychiatry. Check the appropriate box for the 8 hour training course you completed. Enter the date the training was completed. Enter the city where the training was completed. If you have complete an on-line course type “web” for your city. The state will be pre-populated but you may change it if it does not correspond with where you complete on site training.
9. **Certification of Capacity**
   Check box – must certify that you will refer patients for counseling.

10. **Certification of Maximum Patient Load** – button is pre-populated

11. **Consent to Release Contact Information** – click the “consent” or “do not consent” button

12. Check the box which states that you have not knowingly given false information.

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9. **CERTIFICATION OF CAPACITY**
   - I certify that I have the capacity to refer patients for appropriate counseling and other appropriate ancillary services.

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 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.

The SAMHSA Buprenorphine Physician and Treatment Program 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 healthcare 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 Buprenorphine Physician and Treatment Program Locator Web site will be made without the express consent of the physician.

11. **CONSENT TO RELEASE IDENTIFYING INFORMATION TO SAMHSA BUPRENORPHINE PHYSICIAN AND TREATMENT PROGRAM LOCATOR WEB SITE**
   - I consent to the release of my name, primary address, and phone number to the SAMHSA Buprenorphine Physician and Treatment Program Locator Web site.
   - I do not consent to the release of my name, primary address, and phone number to the SAMHSA Buprenorphine Physician and Treatment Program Locator Web site.

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.)
Type you name in the box as your signature.
Type in your DEA number matching the one you entered initially.
Click the Submit button.

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: 08/11/2016

Please re-enter your DEA Registration Number to verify:

Submit

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).

Privacy Act Information
Authority: Section 303 of the Controlled Substances Act of 1970 (21 USC § 823(g)(2)). Purpose: To obtain information required to determine whether a practitioner meets the requirements of 21 USC § 823(g)(2). Routine Uses: Disclosures of information from this system are made to the following categories of users for the purposes stated:
When the Notification is submitted successfully you will receive a confirmation. If it has not, an error message will indicate what needs to be corrected.