

BUPRENORPHINE Waiver Notification Form

Entering a 30 Patient Notification

Submitting a 30 patient Notification form on line

Edit View History Bookmarks Tools Help

Mail - CSATBupInfo - Outl... x Enter and Update Waiver Notif... x Buprenorphine Pharmacy L... x DSG Web Form Site x FR Federal Register | Medicati... x Enter and Update Waiver Notif... x +

buprenorphine.dsgonline.com/forms/select-practitioner-type.php

lost Visited Administration Menu Mail - CSATBupInfo - ... Medication-Assisted T... AIM DocFinder Buprenorphine Physi... SAMHSA Buprenorphi... eFax: Log into My Acc... Dynamics SL Atlassian Cloud

SAMHSA Buprenorphine Waiver Notification [View Practitioner Profile](#)

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

[Next](#)

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.

The screenshot shows a web browser window with the URL `buprenorphine.dsgonline.com/forms/verify-waiver-limit-request.php`. The browser's address bar and tabs are visible at the top. Below the browser, the SAMHSA logo is on the left, and the page title "Buprenorphine Waiver Notification" is centered. A "View Practitioner Profile" link is on the right. The main content area has a light blue header with the text "Check your waiver eligibility" and "Enter your information below to check your waiver eligibility and get started." Below this header are three input fields: "Licensing State:" with a dropdown menu showing "Alabama"; "State Medical License Number:" with a text box containing the placeholder "Letters and numbers only. No spaces or dashes."; and "DEA Registration Number:" with a text box containing the same placeholder. At the bottom left is a "Back" button, and at the bottom right is a blue "Submit" button.

buprenorphine.dsgonline.com/forms/verify-waiver-limit-request.php

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Check your waiver eligibility

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

Licensing State:
Alabama

State Medical License Number:
Letters and numbers only. No spaces or dashes.

DEA Registration Number:
Letters and numbers only. No spaces or dashes.

[Back](#) [Submit](#)

Eligible?

The system will indicate the number of patients you are eligible to submit a Notification for. Click the Next button.

Eligible For Waiver Level 30

It appears your information is not in our database. Recheck your data, or click next to apply for the Notification of Intent (30 patient limit).

Next

Licensing State:

State Medical License Number:

DEA Registration Number:

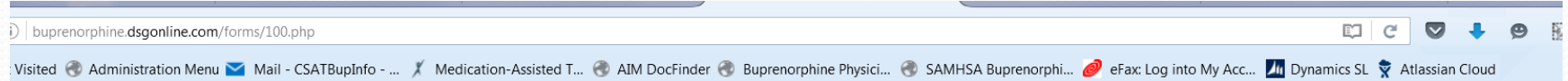
Back

Submit

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



Buprenorphine Waiver Notification 30

Notification of Intent to Use Schedule III, IV, or V Opioid Drugs for the Maintenance and Detoxification Treatment of Opiate Addiction under 21 USC § 823(g)(2)

SMA-167 Form Approved: 0930-0234

Date: 07/31/2018

See OMB Statement Below

Note: Notification is required by § 303(g)(2), Controlled Substances Act (21 USC § 823(g)(2)). See instructions below.

1A. NAME OF PRACTITIONER

First Name

Middle Name

Last Name

Suffix

1B. State Medical License Number

License State

New Jersey

1D. DEA Registration Number

2. Address –if you are plan 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 the regularly access. All correspondence form SAMHSA will be via email.



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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

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

phine.dsgonline.com/forms/100.php

Administration Menu Mail - CSATBupInfo - ... Medication-Assisted T... AIM DocFinder Buprenorphine Physi... SAMHSA Buprenorphi... eFax: Log into My Acc... Dynamics SL Atlassian Cloud

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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, 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 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

7. CERTIFICATION OF USE OF NARCOTIC DRUGS UNDER THIS NOTIFICATION

- 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.

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.



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not been the subject of an adverse determination.

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 from the American Board of Medical Specialties
- Addiction certification from the American Society 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 provided by the following organization(

- American Society of Addiction Medicine (ASAM)
- American Academy of Addiction Psychiatry (AAAP)
- American Medical Association (AMA)
- American Osteopathic Association (AOA or AOAAM)
- American Psychiatric Association (APA)
- Other (Specify, include date and location)

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

Date

08/11/2016



City

web

State

New Jersey

- Participation as an investigator in one or more clinical trials leading to the approval of a Schedule III, IV, or V narcotic drug for maintenance or detoxification treatment
- State medical licensing board-approved experience or training in the treatment and management of opioid-dependent patients
- Other

Specify

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.

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. 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 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 your 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.



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✓ Your Waiver Notification has been successfully submitted.