

OTP/ATF RENEWAL INSTRUCTIONS

Please submit the following documentation:

A. A completed, signed and dated Application For Certification as An Addiction Services Provider (State Form 55376 (R/12-13)).

- (A) Completed form for the Opioid treatment facility.
- (B) Completed form for any OTP addiction treatment facility, if applicable.

B. Documentation of the most recent license and inspection for each facility, including the following:

- (A) A periodic inspection of security equipment.
- (B) A periodic inspection of emergency equipment.
- (C) The applicant's procedures for emergency or disaster preparation.
- (D) The most recent annual fire inspection report from the appropriate department of jurisdiction.

C. Copies of Federal Documentation showing the applicant agency has met the requirements of SAMHSA and the requirements of the federal Drug Enforcement Agency (DEA).

- SAMHSA**
- (A) Documentation of the latest SAMHSA certification
 - (B) Copy of most current federal notification form or forms on file with SAMHSA specifying the names of the following:
 - (i) The current sponsor and
 - (ii) The current medical director of the OTP.

- DEA**
- (A) Copy of agency's most current controlled substances registration certificate from the DEA.
 - (B) Copy of the medical director's most current controlled substances registration certificate from the DEA.

D. Copies of Indiana State Documentation from the Indiana professional licensing agency (IPLA), including the medical licensing board and the pharmacy board, showing the following:

- (A) The agency's most current controlled substances registration certificate issued by the IPLA pharmacy board.
- (B) The agency medical director's most current physician license.
- (C) The agency medical director's most current controlled substances registration issued by the IPLA pharmacy board.

E. G. Any other materials required by statute.