Submitting Notice of Intent (NOI) at the 30-Patient Waiver Level
Go to this link: [http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php](http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php)

Select “Yes” or “No.”

Click “Next.”
Look up your DEA number and address on file here: [https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp](https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp)

- Select type:
- Select state:
- Enter ML number:
- Enter DEA number:
You will receive a prompt to apply for the 100-patient level if you meet certain criteria.

What is a Qualified Practice Setting?

- A qualified practice setting is a practice setting that:
  - provides professional coverage for patient medical emergencies during hours when the practitioner’s practice is closed;
  - 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;
  - uses health information technology systems such as electronic health records;
  - is registered for their State prescription drug monitoring program (PDMP) where operational and in accordance with Federal and State law; and
  - 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.

Make applicable selections

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).
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.)
6. (Auto selected for 30 or 100).
7. Check off box.
Check off which training you completed.

Type in date and city and state of training.

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

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 6 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
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

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.
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)(I)(aa)-(cc).
- New Notification for 100 Patients – I will not exceed 100 patients for maintenance or detoxification treatment at one time.
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.