# Submitting Notice of Intent (NOI), Second Notification for the 100-Patient Waiver Level

## For Nurse Practitioners and Physicians Assistants


10.29.19 v1

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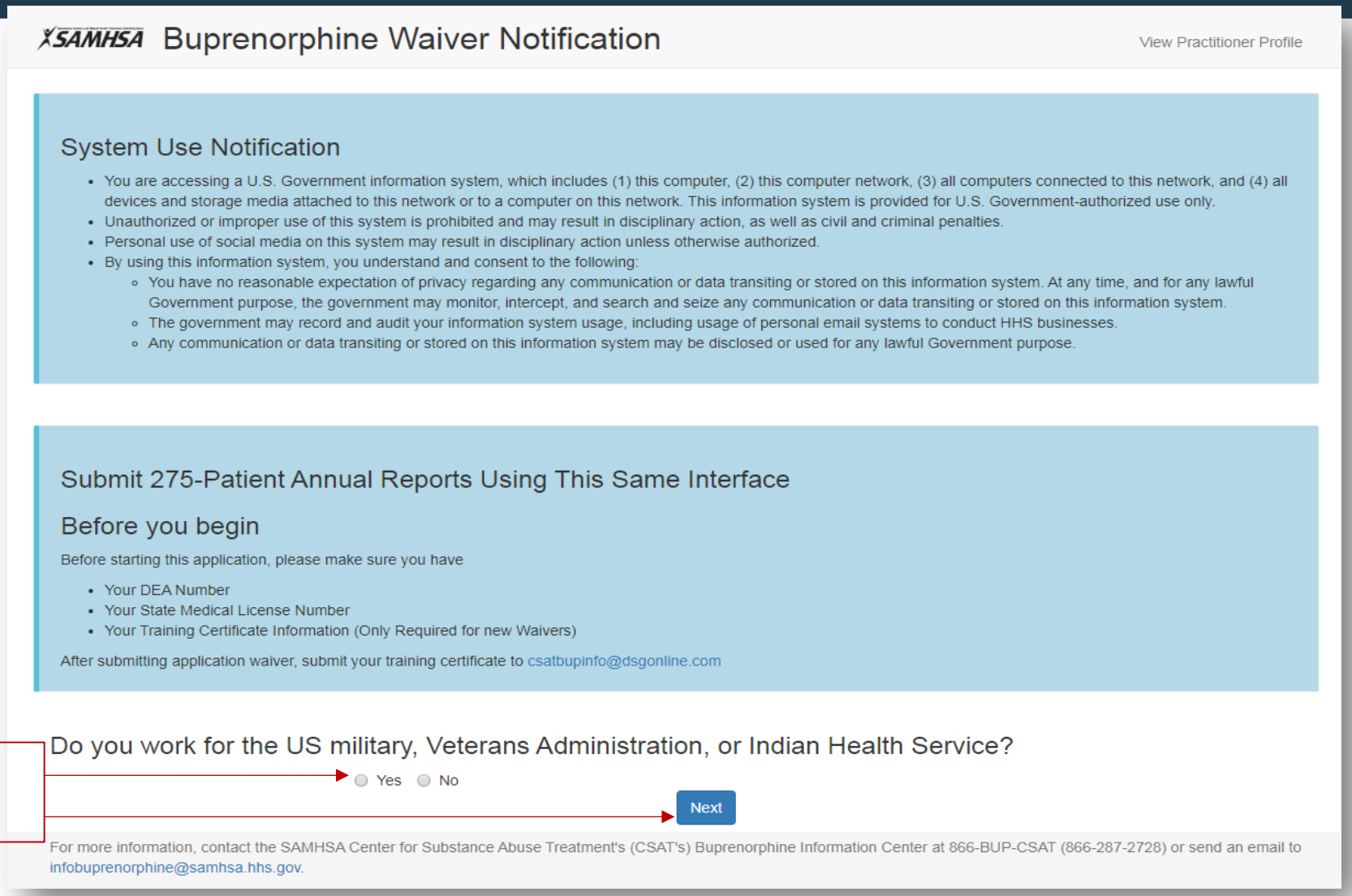
# Go to this link: **http://buprenorphine.samhsa.gov/forms/select-practitioner-type.php**




Select “Yes” or “No.”
Click “Next.”

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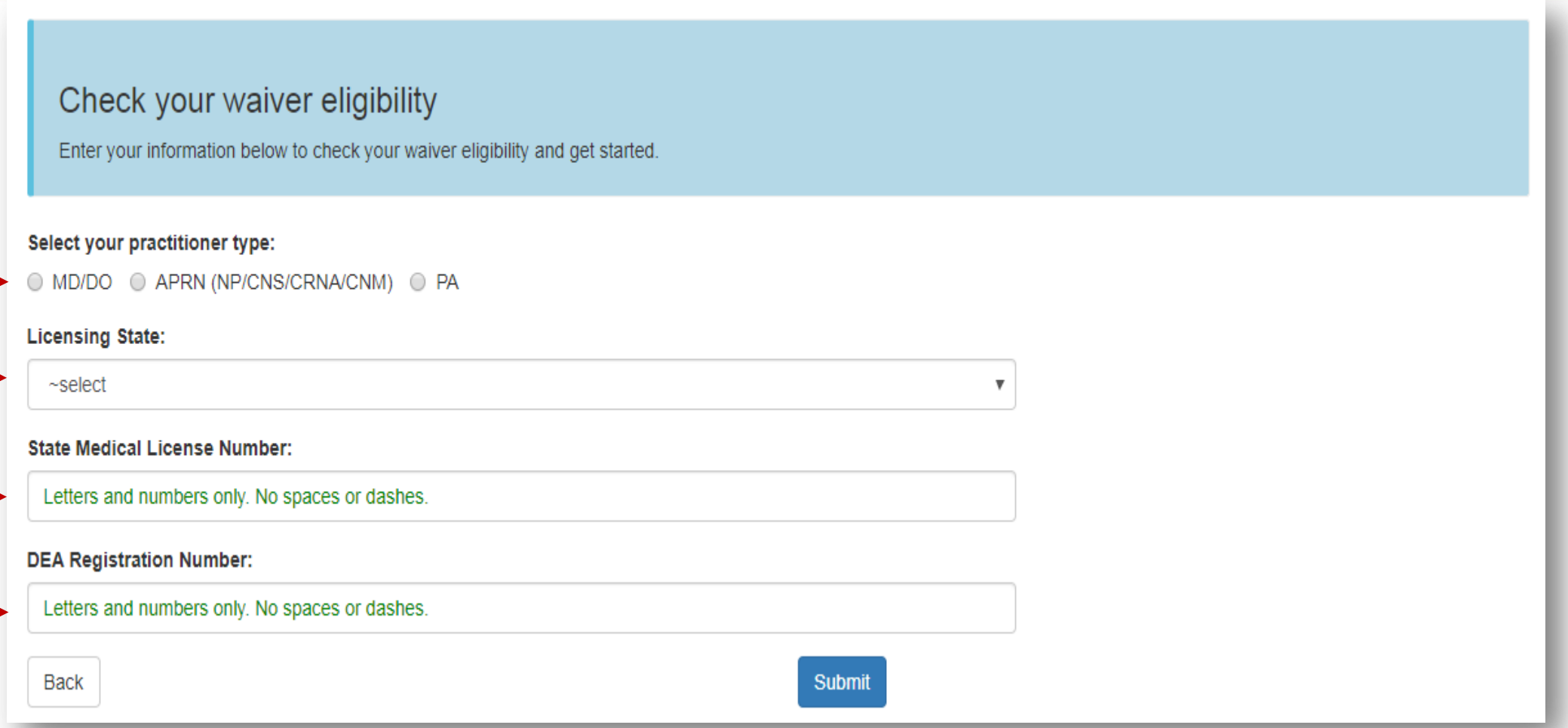
Look up your DEA number and address on file here: **https://apps.deadiversion.usdoj.gov/webforms/validateLogin.jsp**

Select type.

Select state.

Enter ML number.

Enter DEA number.

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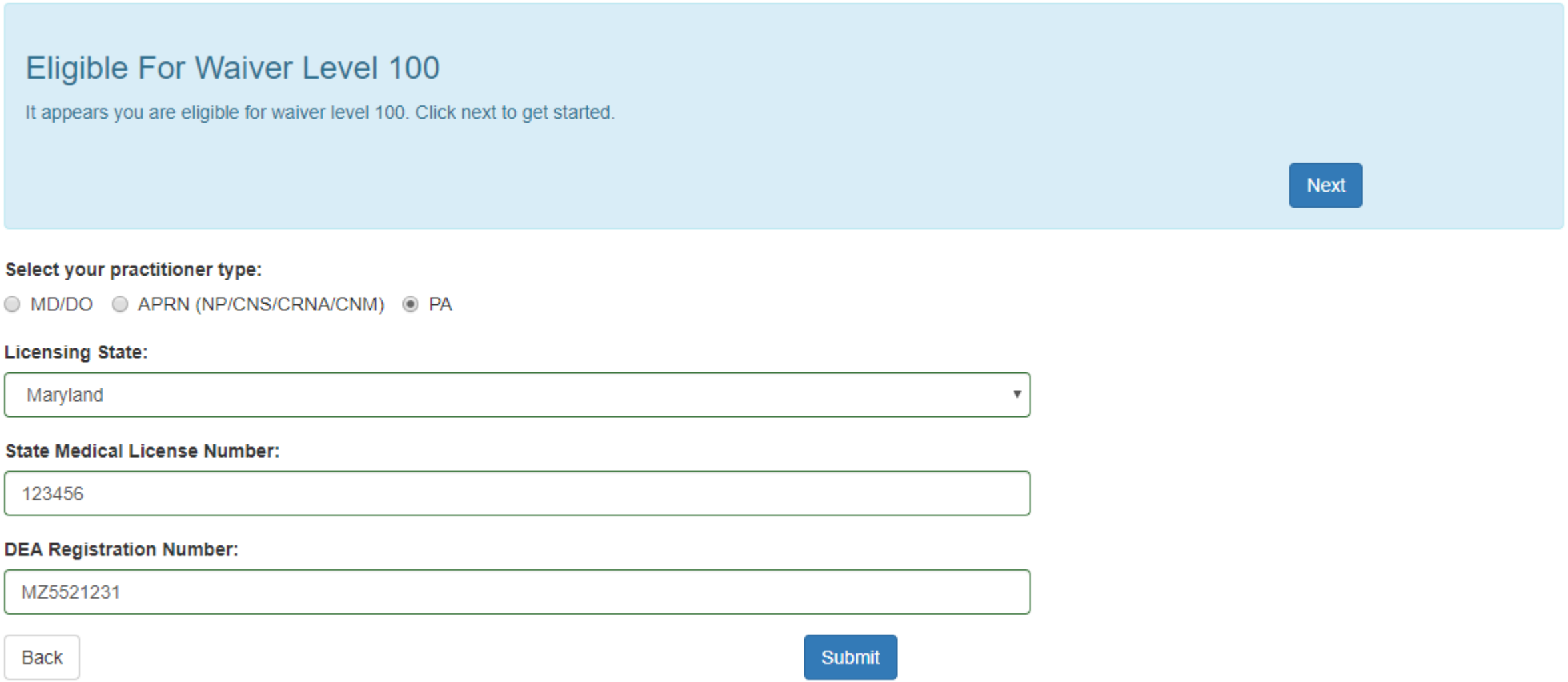
If you were previously certified for a 30 waiver and want to increase your patient limit to the 100, this is the prompt you will see once you put in your correct information. Please note that, to generate this prompt, the information typed needs to be exactly what we have in our system. Call the Buprenorphine Information Center at 1.866.287.2728, if you are unsure.

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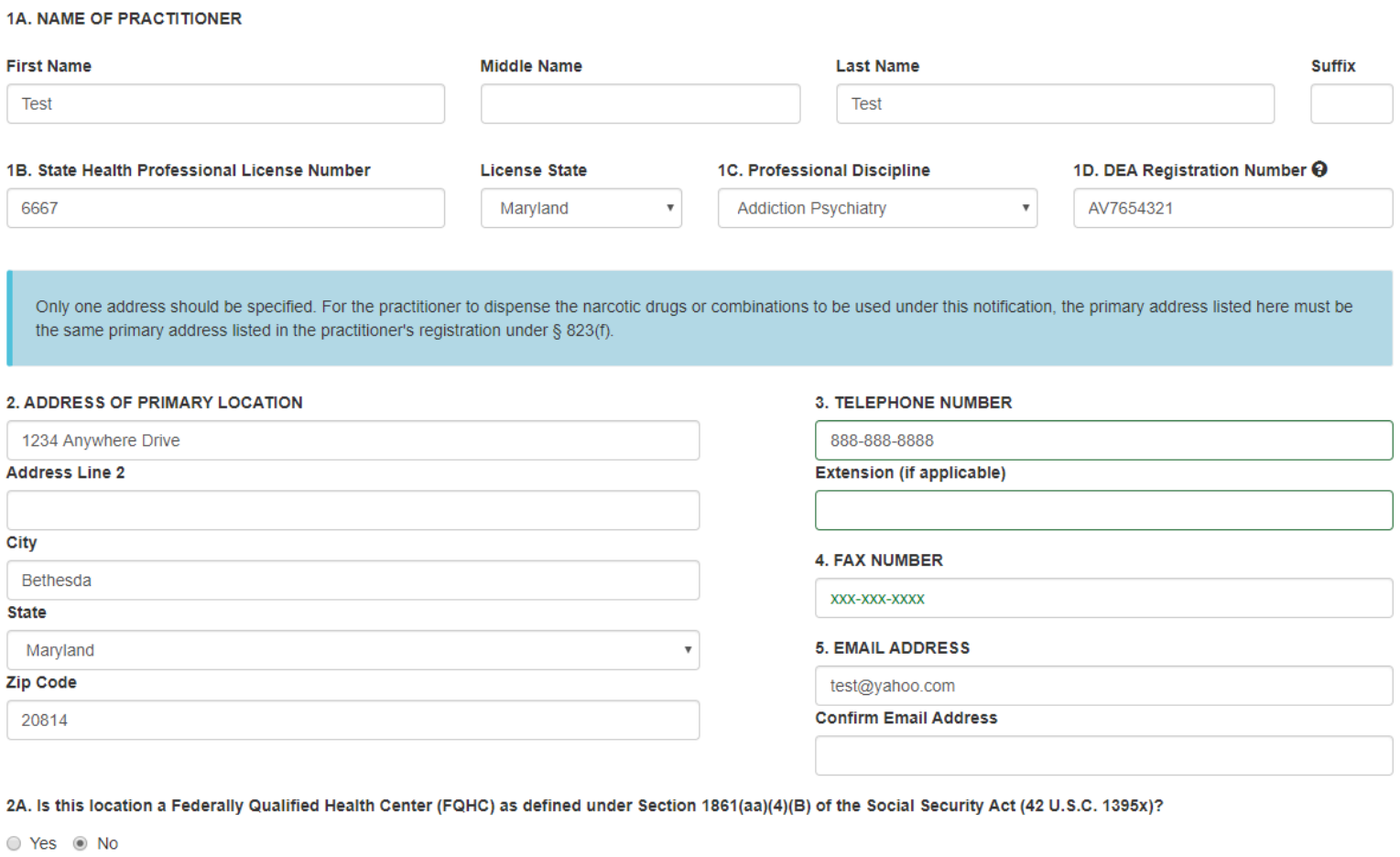
Information that is Auto populated should not be changed. This will result in a duplicate application which will not be processed. If you need to update your information, please do so here: http://buprenorphine.samhsa.gov/forms/update-contact-info-login.php

1A. (Auto populated).
1B. (Auto populated).
1C. (Auto populated).
1D. (Auto populated).

2. (Auto populated).
2A. (Auto populated).
3. (Auto populated).
4. (Auto populated).
5. Your e-mail will auto populate, but you must enter it in the second time.

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2A. Make a selection “yes” or “no”
6. Already preselected.
7. Check Box

**2A. Is this location a Federally Qualified Health Center (FQHC) as defined under Section 1861(aa)(4)(B) of the Social Security Act (42 U.S.C. 1395x)?**

○ Yes ◉ No

**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.

# 8. CERTIFICATION OF QUALIFYING CRITERIA

* Select the "New Notification" that is applicable

* Check if applicable

* Make a selection based on State laws

* Provide Supervisory/Collaborating Physician information as applicable to your State's laws

**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**

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# 8. CERTIFICATION OF QUALIFYING CRITERIA (Continued)

* Check box

* Select Training Body where your training was completed

* Provide Dates of 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)

**Please Provide Date(s) of Completion:** 1/1/2020

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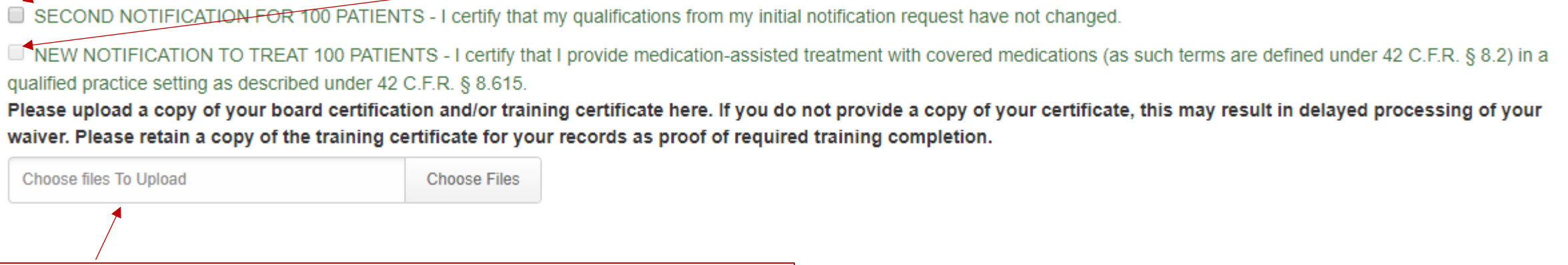
# 8. CERTIFICATION OF QUALIFYING CRITERIA (Continued)

If you have had your 30 patient waiver over one year, please select the “SECOND NOTIFICATION FOR 100 PATIENTS” box

If you have had your 30 patient waiver LESS THAN one year, please select the “NEW NOTIFICATION…” box




Upload a copy of your medical license and 24-hour training certificate(s) if you do not have a 30 patient waiver.

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9. Check off both boxes.
10. Check applicable box.

**9. CERTIFICATION OF CAPACITY**

- [x] I certify that I have the capacity to provide patients with appropriate counseling and other appropriate ancillary services, either directly or by referral.
- [x] 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.
- [x] 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.

Check a box indicating whether or not you consent.

Check "yes" or "no"—whichever applies to you.

Check off.

Sign.

Enter DEA number.

Hit the "submit" button.

The SAMHSA Treatment 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 Treatment Locator Web site will be made without the express consent of the physician.

**10A. 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.

**10B. CONSENT Do you also want to be identified on the SAMHSA Treatment Locators as providing treatment with:**

| | Yes | No |
|---|---|---|
| 1. Long-acting injectable naltrexone | ( ) | ( ) |
| 2. Long-acting injectable buprenorphine | ( ) | ( ) |
| 3. Long-acting implantable buprenorphine | ( ) | ( ) |

**11.**

☑ 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: 10/10/2019**

**Please re-enter your DEA Registration Number to verify:**

Submit

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# 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.