

**Georgia Department of Community Health
Healthcare Facility Regulation
Specialized Care Unit/Narcotic Treatment Programs
2 Peachtree Street NW, Suite 31-447
(404)-657-5550**

APPLICATION FOR A LICENSE TO OPERATE A NARCOTIC TREATMENT PROGRAM

** Effective August 3, 2010, a fee must be paid for each new application, change of ownership, change of location, or renewal of license. Before you apply for any new application or changes, please download the payment coupon and submit the correct payment to the mailbox on the coupon form. Then, please follow the directions for the application below.* Pursuant to provisions of O.C.G.A. Section 26-5-2 et seq., application is hereby made to operate a Narcotic Treatment Program in Georgia.

1. Name of Program (primary dispensing location): _____

2. Street Address: _____

(City) _____ (State) _____ (Zip) _____

3. Mailing Address (if different): _____

(Street or P.O. Box)

(City) _____ (State) _____ (Zip) _____

Telephone #:_(_____)_____ FAX#:_(_____)_____

Email Address: _____

5. Name of Governing Body: _____

- | | | | |
|------------------------------------------|------------------------------------------|------------|-------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Corporation | <u>and</u> | <input type="checkbox"/> For Profit |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Sole Proprietor | | <input type="checkbox"/> Non Profit |

6. Program Director: _____

7. Medical Director: _____

8. Is this the first application of this governing body for a narcotic treatment program in Georgia?

- YES NO If no, previous applications were: Approved
 Denied (Date)_____ Withdrawn

9. List names and addresses of all owners with five percent (5%) or more interest: (attach additional sheets if necessary)

10. For corporations, list names, titles and addresses of the officers of the corporation: (attach additional if necessary)

11. For partnerships, list names and addresses of all partners: (attach additional sheets if necessary)

12. Does the governing body, program director, or medical director have an ownership interest in any other? Narcotic Treatment Program in Georgia or any other state: YES NO

If yes, give name(s) of program(s) and state(s), dates, and explain who had ownership interest:

12a. If there is not currently an ownership interest as asked in (12) above, has there ever been such an ownership interest in the past: YES NO

If yes, give name(s) of program(s), state(s), dates, and explain who had ownership interest:

13. Has any program that this governing body, program director, or medical director has had an ownership interest in, ever been fined, suspended, or closed by any state narcotic authority, or by FDA or DEA:

YES NO

If yes, please attach a detailed explanation.

14. Has the program director ever been the program director of a narcotic treatment program in Georgia? or any other state: YES NO

If yes, list name(s) of program(s), state(s), and dates:

15. Has the medical director ever been, or is she/he currently, the medical director at another program in Georgia or any other state? YES NO

If yes, list name(s), dates, state(s), and indicate if currently the medical director.

16. Has any owner, partner, officer of the corporation, the program director, or the medical director ever been convicted of, or pled nolo contendere to, any crime in connection with controlled substances under any state or federal law? YES NO

If yes, please attach a detailed explanation, including the person's current status with the criminal justice system (e.g. sentence completed, probation, parole)

17. **Please attach the following items to your application:**

1. Two (2) copies of your completed Food and Drug (FDA) application and all attachments required by that Application.
2. A complete description of your program including:
 - a) a staff organizational chart;
 - b) a brief job description for each position;
 - c) a brief summary of the qualifications, experience, and credentials of each staff;
 - d) copies of all current licenses and /or credentials for all applicable staff;
 - e) diagram (floor plan) and description of the program's facilities;
 - f) a description of the program's range of services, days, and hours of operation, maximum number of clients to be served at full operation, expected census for each quarter of the first year of operation, and fee schedule for all services.

18. **The following items must be available for inspection at the pre-licensing on-site visit:**

- a) The laboratory contract for drug screens and other required or optional lab test.
- b) All policies and procedures as outlined in DHR rules and regulations, Chapter 290-9-12 including:
 1. Program Purpose
 2. Program Description
 3. Confidentiality of Patient Records
 4. Employee Drug Screens
 5. Screening, Admission and Orientation of Patients
 6. Individual Treatment Planning
 7. Matching Patient Needs to Treatment
 8. Narcotic Drugs
 9. Drug Screens
 10. Quality Improvement
- c) A written statement of your arrangements for referral of patients to other programs that offer different treatment modalities.
- d) Business license

- e) Fire Safety Report/Certificate of Occupancy.
- f) County and / or city statement of compliance with zoning and American's With Disabilities Act requirements.
- g) Personnel files for each staff showing all items required in Rule 290-9-12.09(8), and the results of each staff person's pre-employment drug screen.

19. Note:

- a) Before a DHR license can be issued, DHR must receive the written approval of the FDA application.
- b) You must submit a copy of your DEA Controlled Substance Registration Certificate, as soon as you receive it after opening.

20. Attach Affidavit Concerning Lawful Residence in United States.

21. APPLICANT'S STATEMENT OF RESPONSIBILITY:

I certify that this program will comply with Department of Community Health rules and regulations, Chapter 290-9-12, governing Narcotic Treatment Programs. I further certify that I will operate this program in compliance with all state and federal laws and regulations. I certify that the information contained on this application and the attached documents are true and correct.

SIGNATURE OF PRINCIPAL OFFICER OF GOVERNING BODY

Sworn to before me this _____ day of _____, 20_____.

INSTRUCTIONS FOR COMPLETING AFFIDAVIT REQUIRED TO BECOME LICENSED

In order to obtain a license from the Department of Community Health to operate your business, Georgia law requires every applicant to complete an affidavit (sworn written statement) before a Notary Public that establishes that you are lawfully present in the United States of America. This affidavit is a material part of your application and must be completed truthfully. Your application for licensure may be denied or your license may be revoked by the Department if it determines that you have made a material misstatement of fact in connection with your application to become licensed. If a corporation will be serving as the governing body of the licensed business, the individual who signs the application on behalf of the corporation is required to complete the affidavit. Please follow the instructions listed below.

1. Review the list of Secure and Verifiable Documents under O.C.G.A. §50-36-2 which follows these instructions. This list contains a number of identification sources to choose from that are considered secure and verifiable that you can use to establish your identity, such as a U.S. driver's license or a U.S. passport. Locate one original document on the list to bring to the Notary Public to establish your identity.
2. Print out the affidavit. (If you do not have access to a printer, you can go to your local library or an office supply store to print out the document for a small fee.)
3. Fill in the blanks on the Affidavit above the signature line only—BUT DO NOT SIGN THE AFFIDAVIT at this time. (You will sign the affidavit in front of the Notary Public.) Fill in the name of the secure and verifiable document (for example, Georgia driver's license, U.S. passport) that you will be presenting to the Notary Public as proof of your identity. CAUTION: Put your initials in front of only ONE of the choices listed on the affidavit and described here below:
 - Option 1) is to be initialed by you if you are a United States citizen; or
 - Option 2) is to be initialed by you if you are a legal permanent resident of the United States. You are not a U.S. citizen but you have a green card; or
 - Option 3) is to be initialed by you if you are a qualified alien or non-immigrant (but not a U.S. citizen or a legal permanent resident) with an alien number issued by the Department of Homeland Security or other federal immigration agency. Fill in the alien number, as well.

4. Find a Notary Public in your area. Check the yellow pages, the internet or with a local business, such as a bank.
5. Bring your affidavit and the identification you selected (from the list of Secure and Verifiable Documents) to appear before the Notary Public.
6. Show the Notary Public your secure and verifiable identification (anything on List that follows these instructions) and state under oath in the presence of the Notary Public that you are who you say you are and that you are in the United States lawfully. Then sign your name.
7. Make certain that the Notary Public signs and dates the affidavit and puts when the notary commission expires.
8. Make a copy of the affidavit and the identification that you presented to the Notary Public for your own records.
9. Attach the ORIGINAL SIGNED AFFIDAVIT and a copy of the identification you presented to your application for licensure. DO NOT SEND US YOUR AFFIDAVIT SEPARATELY. IT MUST BE INCLUDED IN THE COMPLETE APPLICATION PACKET WHICH YOU MAIL TO US.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G. A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/ind/ex.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a **license, permit or registration**, as referenced in O.C.G.A. § 50-36-1, from the **Department of Community Health, State of Georgia**, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____(state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
__ DAY OF _____, 20__

NOTARY PUBLIC
My Commission Expires: