Department of Health Care Services
Narcotic Treatment Programs, MS 2603
PO Box 997413
Sacramento, CA 95899-7413

# APPLICATION FOR PHYSICIAN EXTENDERS MEDICATION ORDERING EXCEPTION

| **Section A** | **Program Information** | |
|---|---|---|
| License Number: | | OTP Number: |
| Name of Applicant: | | |
| Street Address: | | |
| City: | County: | Zip Code: |
| Telephone Number: | | Fax Number: |
| Name of Executive Director: | | |
| Name of Program Director: | | |
| Name of Medical Director: | | |

## Section B — Required Documentation

Attach the following documents to this form:

1. Staff Member Profile, §10130
   - Medical Director provision for leave and/or replacement e.g.: death, extended illness, sick, §10130 (a)(4)(5)
   - Procedure to assure that appropriate staff time will be provided to the program in the event of short-term emergency, vacation, or sickness for all staff, §10130 (b)
2. Duties and responsibilities of each staff member and the relationship between the staffing pattern and the treatment goals, §10130, §10305 (b)-(c)
3. Plan for delegation of Medical Director's Duties, §10110
4. Program Director Responsibilities, §10105, §10140, §10155
5. Medical Director Responsibilities, §10110
6. Program Physician Responsibilities, §10115
7. Physician Extender Responsibilities, §10120
8. Other amendments to protocol due to physician extenders medication ordering authority §10030, §10170, §10175

## Section C — Statement of Applicant Responsibility

I, the undersigned, as the duly authorized representative of the applicant, assure that the licensee does not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964 (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code), and Chapter 6 (Commencing with Section 10800), Division 4, Title 9, of the California Code of Regulations.

I affirm that the information and statements contained within this application, to the best of my knowledge, are truthful and accurate, and further, that I am duly authorized to submit this application to the Department of Health Care Services for temporary exception authority.

I have read all provisions of Chapter 4, entitled "Narcotic Treatment Programs," commencing with Section 10000 of Title 9, California Code of Regulations, and know the contents thereof.

I have determined that the narcotic treatment program for which the attached application is submitted will be operated in full compliance with all applicable state and federal statutes and regulations.

I acknowledge if approved by state and federal authorities the temporary exception will not be granted for more than one year.

| | |
|---|---|
| Print Name: | Title: |
| Signature: | Date: |