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

STATE OF CALIFORNIA	NARCOTIC TREATMENT PROGRAM Initial Application	DEPARTMENT OF HEALTH CARE SERVICES
Initial Application Type (CHECK ONE BOX) ☐ New Program ☐ Amendment ☐ Relocation ☐ Ownership Change	**Type of Initial Application Amendment:** (IF APPLICABLE) ☐ Name Change ☐ Medication Unit ☐ Maintenance ☐ Detoxification	**License Number:** (IF APPLICABLE)

Name of Legal Entity	
Street Address, City, Zip Code	County
Telephone Number(s)	Fax Number
Name of Narcotic Treatment Program (*if different from above*)	
Street Address, City, Zip Code (*if different from above*)	County *(if different from above)*
Telephone Number(s)	Fax Number
Name of Program Sponsor	
Name of Program Director	
Name of Medical Director	

Patient Fees: Maintenance $_____ Detoxification $_____

Proposed Number of Slots: _____ Maintenance

_____ Detoxification

_____ Total Slots

Statement of Applicant Responsibility

I, the undersigned applicant or authorized partner, 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 licensing consideration.

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.

Signed: _____ Title: _____

Printed Name: _____ Date: _____