

**COUNTY RECOMMENDATION**

License Number	Applicant
Site Address	
Patient Capacity <input type="checkbox"/> Initial Application: Proposed Number of Slots: _____ <input type="checkbox"/> Increase/Decrease: Current Number of Slots: _____ +/- (increase/decrease) _____ = (Total) _____	
In accordance with Title 9, California Code of Regulations, a complete protocol must include a statement from the County Drug Program Administrator certifying that: <ol style="list-style-type: none"> <li>1) There is need for the narcotic treatment program services described in the program’s protocol in the community in which it is located, and</li> <li>2) All local ordinances, fire regulations, and local planning agency requirements have been complied with.</li> <li>3) I recommend that the program named above be expanded in licensed capacity.</li> </ol> After reviewing the protocol for the proposed program: <ul style="list-style-type: none"> <li><input type="checkbox"/> County recommends program initial licensure: New Program, Relocation, Ownership Change or Amendment.</li> <li><input type="checkbox"/> County recommends program license slot increase.</li> <li><input type="checkbox"/> County recommends program license slot decrease.</li> <li><input type="checkbox"/> County recommends temporary exception to two-year history and two treatment failures (2plus2).</li> <li><input type="checkbox"/> County <b>does not</b> recommend program licensure or relocation, license slot increase or decrease, or exception to two-year history and two treatment failures (2plus2). <b>Documentation attached to support the County’s recommendation.</b></li> </ul>	
_____ County Drug Program Administrator Signature	_____ Date
_____ Printed Name	
_____ County	
_____ Address	
_____ Telephone	