State of California — Health and Human Services Agency

Department of Health Care Services
Counselor & Medication Assisted
Treatment Section, MS 2603
PO Box 997413
Sacramento, CA 95899-7413

STAFF INFORMATION

INSTRUCTIONS FOR COMPLETION OF THE STAFF INFORMATION FORM DHCS 5026 (04/16)

Return completed form to the address designated in the header above.

DO NOT USE staples on this form or on any attachments.
DO NOT USE correction tape, white out, or highlighter pen or ink of a similar type on this form. If you must make corrections, please line through, date, and initial in ink.
DO NOT LEAVE any questions, boxes, lines, or fields blank. Enter N/A if not applicable to you.

PLEASE NOTE: Read all the instructions included on this form carefully and complete each item requested. For additional information, please review the California Code of Regulations (CCR), Title 9, Division 4, Chapter 4, Subchapter 1 commencing with Section 10000, which outlines the requirements and standards for Narcotic Treatment Programs.

SECTION A	Facility Type

This section must be completed by all applicants.

Check the appropriate box for the type of facility.

Narcotic Treatment Program (NTP) – A licensed opioid addiction treatment program, whether inpatient or outpatient, which offers all of the following: evaluation, maintenance treatment and/or detoxification treatment, and other services in conjunction with replacement narcotic therapy.

Medication Unit (MU) – A facility established as part of, but geographically separate from an NTP, from which licensed private practitioners or community pharmacists dispense or administer an opioid agonist treatment medication and/or collect samples for drug testing or analysis.

Office-Based Narcotic Treatment Network (OBNTN) – A network of providers, that are affiliated and associated with a primary NTP, offering one or more of the following: evaluation of medical, employment, alcohol, criminal, and psychological problems; screening for diseases that are disproportionately represented in the opioid-abusing population; counseling by addiction counselors that are evaluated through ongoing supervision; and professional medical, social work, and mental health services, on-site or by referral.

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SECTION B	Staff Hours

PLEASE NOTE: If a staff member performs more than one role, specify the number of hours spent in each role. For Example: A staff member serves as both a dispensing nurse and counselor. Under medical services, list the staff member and the number of hours spent dispensing medication. Under counseling services, list the staff member and the number of hours spent providing counseling services.

Example:

Medical				Scheduled Hours						
Name	Function	License Number	Total Hours Per Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Jane Doe	Nurse	VN12345	20	5am-9am	5am-9am	5am-9am	5am-9am	5am-9am		
Counseling				Scheduled Hours						
Name	Certifying Organization /Licensing Body	Certification /License Number	Case load	Total Hours Per Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Jane Doe	CCAPP	CN12345	10	20	10am -2pm	10am -2pm	10am -2pm	10am -2pm	10am -2pm		

Administration

Name – Enter the name of the staff member.

Function – Enter the function of the staff member.

License Number – If applicable, enter the professional license number of the staff member.

Total hours per week – Enter the number of hours, per week, that the staff member works at the facility.

Scheduled Hours – Enter the schedule of hours, per day, that the staff member works at the facility.

Medical

PLEASE NOTE: Pursuant to CCR, Title 9, §10260 (a)-(b), the program physician shall be responsible for administering or dispensing to patients all medications used in replacement narcotic therapy. Under

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the program physician's direction, appropriately licensed program personnel may administer or dispense these medications to patients as authorized by §11215 of the Health and Safety Code.

Name – Enter the name of the staff member.

Function – Enter the function of the staff member.

License Number – Enter the professional license number of the staff member.

Total hours per week – Enter the number of hours, per week, that the staff member works at the facility.

Scheduled Hours – Enter the schedule of hours, per day, that the staff member works at the facility.

Counseling

PLEASE NOTE: Pursuant to CCR, Title 9, §10125(b), program staff who provide counseling services (as defined in §13005) shall be licensed, certified, or registered to obtain certification or licensure pursuant to Chapter 8 (commencing with §13000).

Name – Enter the name of the staff member.

Certifying Organization/Licensing Body – Enter the name of the counselor certifying organization or licensing body.

Certification/License Number – If applicable, enter the counselor license number of the staff member.

Registration Number – If applicable, enter the counselor registration number of the staff member.

Caseload – Enter the number of patients assigned to the counselor.

Total hours per week – Enter the number of hours, per week, that the counselor works at the facility.

Scheduled Hours – Enter the schedule of hours, per day, that the counselor works at the facility.

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Section A **Facility Type**

Check one box:

☐ Narcotic Treatment Program CCR, Title 9, §10030 ☐ Medication Unit CCR, Title 9, §10020

☐ Office-Based Narcotic Treatment Network CCR, Title 9, §10021

Section B **Staff Hours**

Administration				Scheduled Hours						
Name	Function	License Number	Total Hours Per Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Medical				Scheduled Hours						
Name	Function	License Number	Total Hours Per Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun

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Counseling						Scheduled Hours						
Name	Certifying Organization/ Licensing Body	Certification/License Number	Registration Number	Caseload	Total Hours Per Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun

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Privacy Statement
PRIVACY STATEMENT (Civil Code Section 1798 et seq.) All information requested in this form is mandatory. This information is required by the Department of Health Care Services (Department) by the authority of Health and Safety Code, Section 11839.3 and California Code of Regulations, Title 9, Section 10055. The consequences of not supplying the mandatory information requested is that review of the application shall be terminated, which may result in lapse of licensure and/or imposition of fines. The Department may share or provide any of the information provided in or with this form to the California Health and Human Services Agency, the California State Controller's Office, the California Department of Justice, the California Department of Consumer Affairs, the Department of Corporations, or other state or local agencies as appropriate, the Federal Bureau of Investigation, the Internal Revenue Service, the U.S. Justice Department, the United States Drug Enforcement Administration, the United States Department of Health and Human Services, and the United States Substance Abuse and Mental Health Services Administration. For more information or access to records containing your personal information maintained by the Department, contact the Counselor & Medication Assisted Treatment Section Officer of the Day at (916) 322-6682.