

FACILITY REQUIREMENTS

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| License Number | Licensee |
| Site Address | |
| Facility Description: | |
| Facility Dimensions (include waiting, counseling, dispensing, storage areas, etc.): | |
| Describe the relationship of the narcotic treatment program to the total facility (if applicable): | |
| List days and hours for medication dispensing services: | |
| List days and hours for other narcotic treatment program services: | |
| If the facility is used for purposes other than a narcotic treatment program, list the type of service(s) provided and the hours of use: | |
| Detail the projected rate of intake and factors controlling the projected intake: | |