

## Narcotic Treatment Program Licensing Branch Licensing and Certification Division Directory Change

License Number:	Program Name:	Effective Date:	Date of Inspection:
<b>NEW INFORMATION</b>			
Operation Hours:		Dispensing Hours:	
Phone Number:		Fax Number:	
<b>OLD INFORMATION</b>			
Operation Hours:		Dispensing Hours:	
Phone Number:		Fax Number:	
Executive Director:	Medical Director:	Program Director:	
Field Analyst Signature		Date:	
Name of Staff Entering Info. Into Database:		Date Entered Into Database:	

NTPLB Directory Change or Corrections (10/18/01)

- Complete only the fields that need to be changed and updated.