

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) _____	
<p>In accordance with Title 9, California Code of Regulations, a complete protocol must include a statement from the County Drug Program Administrator certifying that:</p> <ol style="list-style-type: none"> 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 2) All local ordinances, fire regulations, and local planning agency requirements have been complied with. 3) I recommend that the program named above be expanded in licensed capacity. <p>After reviewing the protocol for the proposed program:</p> <ul style="list-style-type: none"> <input type="checkbox"/> County recommends program initial licensure: New Program, Relocation, Ownership Change or Amendment. <input type="checkbox"/> County recommends program license slot increase. <input type="checkbox"/> County recommends program license slot decrease. <input type="checkbox"/> County recommends temporary exception to two-year history and two treatment failures (2plus2). <input type="checkbox"/> County does not recommend program licensure or relocation, license slot increase or decrease, or exception to two-year history and two treatment failures (2plus2). Documentation attached to support the County's recommendation. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>_____</p> <p>County Drug Program Administrator Signature</p> </div> <div style="width: 30%;"> <p>_____</p> <p>Date</p> </div> </div> <p>_____</p> <p>Printed Name</p> <p>_____</p> <p>County</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Telephone</p>	