Print Form

STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
OFFICE OF INSPECTOR GENERAL
OFFICE OF HEALTH FACILITY LICENSURE AND CERTIFICATION
408 Leon Sullivan Way, Charleston, West Virginia 25301

INITIAL/RENEWAL APPLICATION FOR LICENSE TO PROVIDE A OPIOID TREATMENT PROGRAM

This form may be completed online, printed and mailed to the address listed above.

INSTRUCTIONS: Please read carefully and complete this application in accordance with the instructions below. Failure to complete the application in full may result in delay of license being issued.

1. An application for license may be made by any political subdivision or by any person, association or corporation. In order to be eligible for licensure, an opioid treatment program shall comply with all federal regulations, provisions and standards contained in "Certification of Opioid Treatment Programs," 42 CFR Part 8, and state regulations, 69 CSR 7.
2. The application must be completed by the program sponsor operating the Opioid Treatment Program. The applicant must sign Page 3. This signature must be verified / acknowledged by a Notary Public.
3. The application must be accompanied by a check or money order payable to the West Virginia Department of Health and Human Resources in the amount of: **initial licensure fee of $250.00**; programs with an average daily total census of **fewer than five hundred patients fee of $515.04 for each annual renewal**; programs with an average daily total census of **five hundred to one thousand patients fee of $1,030.08 for each annual renewal**; programs with an average daily total census of **more than one thousand patients fee of $1,545.12 for each annual renewal**.

   Average Total Daily Patient Census: _____

NOTE: Prior to a renewal license being issued, the Program must be in compliance with the Health Care Financial Disclosure Act (W.Va. Code §16-5F-1 et seq.), the Financial Disclosure Rule (65CSR13) and the Unemployment Compensation/Workers' Compensation requirements (96CSR1).

Please Complete Checklist

☐ Application Signed ☐ Application Notarized ☐ Application Fee Enclosed (payable to WVDHHR)

IDENTIFYING INFORMATION

Name of Program

Administrative Mailing Address

City State Zip Code

Physical Address of Program

City State Zip Code

Phone Number Fax Number

E-mail Address

(To be used for the licensure process and notificatons.)

Type of App _____

WVDHHR / OHFLAC / Opioid Treatment Program
Initial / Renewal Application

Current Date_____

MANAGEMENT AND PERSONNEL OF CENTER

Give exact legal name of Individual, Partnership, Corporation or Organization Operating Program

_____

Select Business Type _____ **Please choose one:** _____

List Names and Addresses of Any Persons Who, as a Stock Holder or Otherwise, Have a Proprietary Interest of Five (5%) Percent or More in the Program

_____

_____

_____

Give Name of Governing Body (Board of Directors, Trustees, Etc.) Below

_____

List Name and Address of Officers (with Titles) and Members of Governing Board Below or Attach Separate Sheet

Name	Address	Title

Give Name and Title of Program Administrator Below

_____

January 14, 2000, Administrative Rule Title 96, Series 1, W. Va. Code §21A-2-6(18) requires the establishment of procedures under which agencies of this State shall not grant, issue, or renew any contract, license, permit, certificate, or other authority to conduct business in this state, if that entity has an account which is in default with the WV Bureau of Employment Programs, Divisions of Workers Compensation or Unemployment Compensation. The Office of Health Facility Licensure and Certification is required to determine that the account is not in default prior to issuing the renewal license for any Behavioral Health Center. To assure accurate account information is obtained, your Federal Employee Identification Number (FEIN) must be provided and kept on file.

The Program's FEIN Number: _____

APPLICANT INFORMATION

Date: _____

Signature of Individual/Program Administrator:

_____

Title or Position: _____

If signature other than Individual or Program Administrator:

Name	Address

NOTARY VERIFICATION

STATE OF WEST VIRGINIA

County of _____

_____, being by me duly sworn on his/her oath, deposes and says that he/she has read the foregoing application and knows the contents thereof: that the statements concerning the above named Center/Agency, therein contained, are correct and true of his/her own knowledge.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____, 20__.

_____
(Notary Public)

My Commission Expires: _____