SUBSTANCE ABUSE TREATMENT LICENSE APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION
SFN 971 (10-2018)

Clear Fields

I. PROGRAM INFORMATION

Initial Date Submitted	Program Name		
Mailing Address	City	State	ZIP Code + 4
Telephone Number	Toll-free Number	Fax Number	
Program Owner Name	Program Owner Telephone Number	Program Owner Email Address	
Program Contact Name	Program Contact Telephone Number	Program Contact Email Address	
Physical Address (if different from mailing address)	City	State	ZIP Code + 4
Current Program License Number (if applicable)	Agency Website		

Does your program have other sites under this license? ☐ No ☐ Yes List below the address and telephone number for each site:

Type of Business ☐ Individual * ☐ Partnership ☐ Association ☐ Corporation ☐ Other (List): _____

* The North Dakota Board of Addiction Counseling Examiners (NDBACE) requires Licensed Addiction Counselors to register if providing private practice. Please contact the NDBACE for further information.

II. TYPE OF PROGRAM

- ☐ Level 0.5 – DUI Seminar
- ☐ Level 1 – Adolescent - Outpatient Services
- ☐ Level 1 – Adult - Outpatient
- ☐ Level 1 – Adolescent-Adult Combined - Outpatient Services
- ☐ Level 2.1 – Adolescent - Intensive Outpatient Treatment
- ☐ Level 2.1 – Adult - Intensive Outpatient Treatment
- ☐ Level 2.1 – Adolescent-Adult Combined - Intensive Outpatient Treatment
- ☐ Level 2.5 – Adolescent - Partial Hospitalization/Day Treatment
- ☐ Level 2.5 – Adult - Partial Hospitalization/Day Treatment
- ☐ Level 2.5 – Adolescent-Adult Combined - Partial Hospitalization/Day Treatment
- ☐ Level 3.1 – Adolescent - Clinically Managed Low-Intensity Residential Care
- ☐ Level 3.1 – Adult - Clinically Managed Low-Intensity Residential Care
- ☐ Level 3.1 – Adolescent-Adult Combined - Clinically Managed Low-Intensity Residential Care
- ☐ Level 3.2D – Social Detoxification

II. TYPE OF PROGRAM (continued)

☐ Level 3.5 – Adolescent - Clinically Managed Medium-Intensity Residential Care
☐ Level 3.5 – Adult - Clinically Managed High-Intensity Residential Care
☐ Level 3.5 – Adolescent-Adult Combined - Clinically Managed High-Intensity Residential Care
☐ Level 3.7 – Adolescent - Medically Monitored High-Intensity Inpatient Treatment
☐ Level 3.7 – Adult - Medically Monitored Intensive Inpatient Treatment
Does your program provide DUI evaluations? ☐ No ☐ Yes (this information will be provided in our informational materials)

III. ATTACHMENTS

Additional materials to be submitted with your application:

1. Substance Abuse Treatment Program Policies and Procedures in accordance with North Dakota Administrative Code
2. Article 75-09.1 from the following link: http://www.legis.nd.gov/information/acdata/html/75-09.1.html
   Confirmation from the State of North Dakota, Secretary of State Certification/Registration

A provisional license will be issued following submission and approval of the application and attachments.

IV. SIGNATURE

As program owner, I certify that I am responsible for the over-all operations of the program. I further certify that the information submitted on this application is true and accurate.

Program Owner Signature	Date

☐ **Change of Information/Services Provided**

ASSURANCE OF COMPLIANCE

ALCOHOL AND DRUG ADMINISTRATIVE RULES ARTICLE 75-09.1

I have read and, to the best of my knowledge, believe that I am in current compliance with all requirements of the North Dakota Alcohol and Drug Administrative Rules related to the alcohol and drug program(s) for which I am making license application. I further acknowledge that the Department of Human Services, Behavioral Health Division (BHD) may issue a provisional license and that full licensure will be contingent upon successful completion of a licensure review by BHD.

Name of Treatment Program
Number of Licensed Addication Counselors

Signature of Owner or Program Administrator	Date

Please complete the Application and return to:
Behavioral Health Division
1237 West Divide Avenue, Suite 1C
Bismarck ND 58501-1208