



# OPIOID TREATMENT PROGRAM FEDERAL EXEMPTION REQUEST

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION

SFN 792 (11-2016)

## Exemption Request and Record of Justification Under 42 CFR § 8.11 (h)\*

Program OTP Number		Program Name		
Address		City	State	ZIP Code
Telephone Number	Fax Number	Email Address		
Name of Program Sponsor		Title		
Name of Program Medical Director		Title		
SAMHSA Certification Expiration Date				
Nature of Request				
Authorized Healthcare Professionals Recognized by the State Being Requested <input type="checkbox"/> Physician Assistants <input type="checkbox"/> Nurse Practitioners				

### Justification for Request

### Comments

<input type="checkbox"/> Health Care Reform-Medicaid Expansion	
<input type="checkbox"/> Opioid Epidemic	
<input type="checkbox"/> Work Force Shortage	
<input type="checkbox"/> Behavioral Health Integration	
<input type="checkbox"/> Other	

### Regulations in Support for Request

### Comments

<input type="checkbox"/> State Specific Rules for Authorized Healthcare Professionals	
<input type="checkbox"/> SAMHSA-CSAT Accreditation Guidelines	
<input type="checkbox"/> Patient Health and Safety	
<input type="checkbox"/> Other	

\*42 CFR § 8.11 (h) *Exemptions*. An OTP may, at the time of application for certification or any time thereafter, request from SAMHSA exemption from the regulatory requirements set forth under this section and §8.12. An example of a case in which an exemption might be granted would be for a private practitioner who wishes to treat a limited number of patients in a non-metropolitan area with few physicians and no rehabilitative services geographically accessible and requests exemption from some of the staffing and service standards. The OTP shall support the rationale for the exemption with thorough documentation, to be supplied in an appendix to the initial application for certification or in a separate submission. SAMHSA will approve or deny such exemptions at the time of application, or any time thereafter, if appropriate. SAMHSA shall consult with the appropriate State authority prior to taking action on an exemption request.

**Submitted By**

Name of Sponsor	
Signature of Sponsor	Date

Name of Medical Director	
Signature of Medical Director	Date

State Response to Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments
State Opioid Treatment Authority	Date

Federal Response to Request <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments
Center for Substance Abuse Treatment	Date

<b>Date of Approval</b>	<b>Exemption Expiration Date **</b>
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\*\*A continuing exemption request may be filed simultaneously with submission of a SMA-162 for SAMHSA OTP recertification.

Submit the form in one of the following methods:

Mail: State SOTA  
1237 West Divide Ave, Suite 1C  
Bismarck ND 58501

Email: [dhsbhd@nd.gov](mailto:dhsbhd@nd.gov)