



SUBSTANCE ABUSE TREATMENT LICENSE APPLICATION

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

BEHAVIORAL HEALTH DIVISION

SFN 971 (10-2020)

I. PROGRAM INFORMATION

Date Submitted		Program Name		
<input type="checkbox"/> Initial Application		<input type="checkbox"/> Updated Information or Change of Services Provided		
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 Owner Email Address		
Physical Address (if different from mailing address)		City	State	ZIP Code + 4
Current Program License Number (if applicable)	Number of Licensed Addiction Counselors	Agency Website		
Does your program have other sites under this license? <input type="checkbox"/> No <input type="checkbox"/> Yes - List below the address and telephone number for each site				
Address	City	State	ZIP Code + 4	Telephone Number
Type of Business				
<input type="checkbox"/> Individual* <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other (list): _____				
* The North Dakota Board of Addiction Counseling Examiners (NDBACE) requires Licensed Addiction Counselors to register if providing private practice. Contact the NDBACE for further information.				

II. TYPE OF PROGRAM

<input type="checkbox"/> Level 0.5 – DUI Seminar
<input type="checkbox"/> Level 1 – Adolescent - Outpatient Services
<input type="checkbox"/> Level 1 – Adult - Outpatient
<input type="checkbox"/> Level 1 – Adolescent-Adult Combined - Outpatient Services
<input type="checkbox"/> Level 2.1 – Adolescent - Intensive Outpatient Treatment
<input type="checkbox"/> Level 2.1 – Adult - Intensive Outpatient Treatment
<input type="checkbox"/> Level 2.1 – Adolescent-Adult Combined - Intensive Outpatient Treatment
<input type="checkbox"/> Level 2.5 – Adolescent - Partial Hospitalization/Day Treatment
<input type="checkbox"/> Level 2.5 – Adult - Partial Hospitalization/Day Treatment
<input type="checkbox"/> Level 2.5 – Adolescent-Adult Combined - Partial Hospitalization/Day Treatment
<input type="checkbox"/> Level 3.1 – Adolescent - Clinically Managed Low-Intensity Residential Care
<input type="checkbox"/> Level 3.1 – Adult - Clinically Managed Low-Intensity Residential Care
<input type="checkbox"/> Level 3.1 – Adolescent-Adult Combined - Clinically Managed Low-Intensity Residential Care
<input type="checkbox"/> Level 3.2D – Social Detoxification

II. TYPE OF PROGRAM (continued)

<input type="checkbox"/> Level 3.5 – Adolescent - Clinically Managed Medium-Intensity Residential Care
<input type="checkbox"/> Level 3.5 – Adult - Clinically Managed High-Intensity Residential Care
<input type="checkbox"/> Level 3.5 – Adolescent-Adult Combined - Clinically Managed High-Intensity Residential Care
<input type="checkbox"/> Level 3.7 – Adolescent - Medically Monitored High-Intensity Inpatient Treatment
<input type="checkbox"/> Level 3.7 – Adult - Medically Monitored Intensive Inpatient Treatment
Does your program provide DUI evaluations? <input type="checkbox"/> No <input type="checkbox"/> 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 Article 75-09.1 from the following link: <https://www.legis.nd.gov/information/acdata/html/75-09.1.html>
2. 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
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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.

Owner or Program Administrator Signature	Date
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Complete the Application and return to:

Behavioral Health Division
600 E Boulevard Ave - Dept. 325
Bismarck ND 58505-0250

OR