

How to:

Apply for SAMHSA Certification for a Mobile Medication Unit



SAMHSA
Substance Abuse and Mental Health
Services Administration

SMA-162: Medication Unit

dpt SAMHSA/CSAT Opioid Treatment Program Extranet
CSAT's Division of Pharmacologic Therapies

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SMA-162: Application for Certification to Use Opioid Drugs in a Treatment Program

Hello Test Program Sponsor
Addiction Treatment Services at Johns Hopkins Bayview ABC,
MD10001M

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Note: The SMA-162 form may only be submitted by the Program Sponsor. View the [instruction](#) page for the uses of the SMA-162 form and instructions on how to complete it.

DEPARTMENT OF HEALTH AND HUMAN SERVICES SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION CENTER FOR SUBSTANCE ABUSE TREATMENT	Form Approved: OMB Number 0930-0206 Expiration Date: 12/31/2021 OMB Statement
Application for Certification to Use Opioid Drugs in a Treatment Program Under 42 CFR § 8.11	DATE OF SUBMISSION: 8/10/2021

Note: This form is required by 42 CFR 8.11 pursuant to Sec. 303, Controlled Substances Act (21 USC § 823) and the Drug Abuse Prevention and Control Act of 1970 (42 USC § 275(a)). Failure to report may result in a recommendation for the suspension or revocation of the opioid treatment program registration.

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* PURPOSE OF APPLICATION (check one) <input type="radio"/> Provisional Certification <input type="radio"/> Renewal/Re-certification <input type="radio"/> New Sponsor <input type="radio"/> New Medical Director <input type="radio"/> Relocation <input checked="" type="radio"/> Medication Unit	
* 1a. NAME OF PROGRAM (Name of primary dispensing location):	Addiction Treatment Services at Johns Hopkins Bayview ABC
b. DOING BUSINESS AS:	Addiction Treatment Services at Johns Hopkins Bayview ABC
c. OPIOID TREATMENT PROGRAM NUMBER (OTP NUMBER):	MD10001M (same as FDA ID, e.g. AL-10001-M)

Medication Unit Checklist

- A description of how the medication unit will receive the medication supply from the primary facility.
- An affirmative statement that the sponsor agrees to retain responsibility for patient care.
- A diagram and description of the facilities to be used as a medication unit.
- Total number of patients to be served by the primary facility and medication unit (combined).
- Total number of patients that will be served only at the medication unit.
- A justification for need to establishing a medication unit.
- Name and address of any other active medication units attached to the primary facility.

Help is available!

For problems in accessing your program's account, call the OTP Extranet Helpdesk at: 1-866-348-5741 or email: OTP-Help@jbsinternational.com

For any other guidance or support please call your OTP Compliance Officer at (240) 276-2700 or email: DPT@samhsa.hhs.gov.