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the Federal opioid treatment standards set forth under 42 CFR § 8.12. this appreation is training and accuracy. RESPONSIBLE OFFICIAL (Signature) DATE		

Please send three copies of this form and all attachments to:

Center for Substance Abuse Treatment Division of Pharmacologic Therapies Substance Abuse and Mental Health Services Administration Attention: OTP Certification Program 1 Choke Cherry Road, Suite 2-1086 Rockville, MD 20857

Overnight: 1 Choke Cherry Road, Suite 2-1086 Rockville, MD 20850

The preferred method for submitting this form to CSAT/DPT is online at the DPT Web site, <u>http://dpt.samhsa.gov</u>. The Web site contains complete instructions for preparing and submitting your request. If you are unable to submit online, the form may be e-mailed as an attachment to <u>otp@samhsa.hhs.gov</u> or sent by traditional mail (include three copies of all attachments) to the mailing address above.

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0206); Suite 7-1043, 1 Choke Cherry Road, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0206.

FORM SMA-163 (revised 2010) (BACK)