



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

APPLICATION FOR RENEWAL OF CERTIFICATE OF GOOD STANDING AS A TREATMENT PROVIDER FOR IMPAIRED PRACTITIONERS

GENERAL INFORMATION AND INSTRUCTIONS

This application must be completed by any provider of chemical dependency treatment services who wishes continued approval from the State Medical Board of Ohio to treat impaired practitioners in accordance with Section 4731.25, Ohio Revised Code. Thoroughly read these instructions and the enclosed rules, Chapter 4731-16, Ohio Administrative Code, before completing the application. After the State Medical Board of Ohio has received and reviewed the properly completed application for renewal it will determine if any further investigation is deemed necessary to assure compliance with the applicable laws, before notifying the applicant of its decision.

- 1) Complete the entire application and attach all required documentation. An application submitted with questions left blank or with documentation missing will be considered an incomplete application, and will not be processed by the State Medical Board of Ohio.
- 2) If additional space is required to answer any question(s), attach an additional sheet or sheets, designating the question(s) referred to.
- 3) There is NO FEE required for this application.
- 4) The applicant's chief executive officer and medical director must properly execute the Affidavit and Release of Applicant. The signatures must be notarized.
- 5) Return the completed application for renewal to:

STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR
COLUMBUS, OH 43215-6127

(1) Treatment Provider (applicant) Name: _____

(2) Mailing Address (NOTE: Do not use a Post Office Box Number):

_____ Street

_____ City State Zip Code

(3) Telephone Number: () _____

(4) Have you maintained approval of the appropriate certifying agency? YES NO

Provide the following information for **each** Program Site operated by the applicant

HAVE THERE BEEN ANY CHANGES IN ANY OF THE FOLLOWING AREAS SINCE THE ORIGINAL APPLICATION WAS FILED? YES NO

IF YES, PLEASE ATTACH A WRITTEN EXPLANATION

(1) Name of Treatment Provider Owner YES NO

(2) Mailing Address YES NO

(3) Legal Structure of Treatment Provider Owner YES NO

(4) Type of Governing Body YES NO

(5) Hours of operation for services at each site YES NO

(6) Treatment services provided at each site YES NO

- (7) Does the applicant remain subject to the confidentiality requirements of Title 42, Part 2, of the Code of Federal Regulation? YES NO
- (8) Does the applicant remain accredited by JCAHO to provide substance abuse treatment? YES NO
- (9) Are there any changes in insurance or third party payers coverage for alcohol/substance abuse treatment? YES NO
- (10) Are there any changes in procedures to arrange payment for treatment costs not covered by insurance? YES NO
- (11) Has the offer of advocacy services procedure remained the same? YES NO
- (12) Has the medical and nursing services the applicant provides for patients in each stage of treatment, including detoxification treatment, been changed? YES NO
- (13) Are there any changes in the names, position titles or specialties of all licensed physicians on staff, including certification by the American Society of Addiction Medicine. YES NO
- (14) Are there changes in treatment plan options which the applicant provides (e.g. - inpatient, outpatient, extended residential care, aftercare), indicating number of days, weeks, or months in each stage of treatment. YES NO
- (15) Has the list of all agencies and professionals to which the applicant refers patients and significant others to meet needs which exceed the applicant's expertise or available facilities changed? YES NO
- (16) Are there any modifications in the applicant's facilities and procedures for conducting toxicology screens, including measures taken to prevent tampering with specimens, to assure proper chain of evidence, and to verify positive screens? YES NO
- (17) Are there any modifications in the evaluation process and procedures used to identify patterns, progressions and stages of recovery during treatment? YES NO

- (18) Has the involvement of family and significant others in the patient's treatment been modified?
 YES NO
- (19) Does the applicant adhere to the principle that treatment of chemical dependency requires total abstinence from alcohol and other mind altering drugs?
 YES NO
- (20) Does the applicant base its philosophy and individualized treatment plan on the disease concept of chemical dependency?
 YES NO
- (21) Does the applicant base its model of treatment on a twelve-step program such as Alcoholic's Anonymous?
 YES NO
- (22) Are there any procedure modifications the applicant uses to assess treatment success rates (e.g. - surveys of former patients)?
 YES NO
- (23) Is the applicant able and willing to comply with the requirements of Rule 4731-16-05 in examining individuals under the jurisdiction of the State Medical Board of Ohio, including the requirement of 72 hours inpatient monitoring?
 YES NO
- (24) Is the applicant able and willing to comply with the provisions of Rule 4731-16-08(A)(13), Ohio Administrative Code, requiring that all patients under the State Medical Board's jurisdiction receive at least 28 days of inpatient or residential treatment by a Board approved treatment provider?
 YES NO

AFFIDAVIT AND RELEASE OF APPLICANT

The affidavit and release below must be completed by BOTH the chief executive officer and the medical director of the applicant treatment provider. The form MUST be notarized. Failure to submit the affidavit and release completed and notarized with the application will result in the application being considered incomplete.

STATE OF _____
COUNTY OF _____

On behalf of _____, an applicant for a certificate of good standing as a treatment provider for impaired practitioners, the undersigned hereby certify under oath that we are the duly appointed chief executive officer and medical director, respectively, of the applicant; that we submit this application under the authority of the governing body of the applicant; that all statements we have made or shall make with respect to the application are true; and that all document forms, or copies thereof furnished or to be furnished with respect to this application are strictly true in every respect.

We acknowledge that we have read the general information and instructions and that we have answered all questions in compliance with those instructions.

We further state that by filing this application for a certificate of good standing as a treatment provider for impaired practitioners, we hereby authorize and consent to have an investigation made as to the applicant's qualifications to provide such treatment. We agree to give any further information which may be required in reference to the applicant's qualifications or eligibility for approval.

We further understand that this application of a certificate of good standing as a treatment provider for impaired practitioners is an ongoing process. We will immediately notify the State Medical Board of Ohio in writing of any changes to the answers of any questions contained in the application if such changes occur at any time prior to a certificate of good standing being granted by the State Medical Board of Ohio.

On behalf of the applicant, we authorize every person, hospital, clinic governmental agency (local, state, or federal), court, association, institution, or law enforcement agency having control of any documents, records, and other information pertaining to the application to furnish to the State Medical Board of Ohio any such information, documents, or records, including records regarding charges or complaints filed against the applicant, formal or informal, pending or closed, and we authorize the State Medical Board of Ohio or any of its agents or representative to inspect and make copies of such documents, records, and other information in connection with this applicant, subsequent grant of a certificate of good standing or practice thereunder.

On behalf of the applicant and acting under the authority of its governing body, we hereby release, discharge, and exonerate the State Medical Board of Ohio, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the State Medical Board of Ohio. We authorize the State Medical Board of Ohio to release information, material, documents, order or the like relating to the applicant or to this application to any governmental agency (local, state, or federal); or to any hospital, nursing home, clinic, health maintenance organization or similar institution; or to any professional association.

We further understand the issuance of a certificate of good standing will be considered based on the truth of the statements and documents contained herein or to be furnished, which if false, can subject the applicant to denial of said certificate.

(NOTARY SEAL)

Signature of Chief Executive Officer

Title

Signature of Medical Director

Title

Subscribed and sworn to before me this _____ day of _____ 20__.

Notary Public Signature

Date Commission Expires

AGREEMENT OF APPLICANT

By execution of the Affidavit and Release of Applicant, the applicant agrees that upon the issuance of a certificate of good standing:

- (1) It shall be bound by and comply with the requirements contained in Chapter 4731., Ohio Revised Code, and Chapter 4731-16, Ohio Administrative Code; and
- (2) It shall provide appropriate training to its staff to assure compliance; and
- (3) It shall provide to each patient and referral source who is under the jurisdiction of the State Medical Board of Ohio the written statements and notices required by the Board; and
- (4) It shall immediately notify the State Medical Board of Ohio if changes occur which could effect its eligibility for approved status under Section 4731.25, Ohio Revised Code, or Chapter 4731-16, Ohio Administrative Code; and
- (5) It shall notify the State Medical Board of Ohio of any transfer of ownership of the program or change in location or locations of the program prior to such transfer or change becoming effective.