APPENDIX B

PROGRAM
LICENSE NO. _____

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section

APPLICATION FOR RESIDENTIAL SUB-ACUTE DETOXIFICATION

Check One: ☐ Initial ☐ Renew

In accordance with provisions of Act 368 of 1978, as amended, and the administrative rules (R325.14101 – R325.14928) of the Michigan Department of Community Health, Bureau of Health Systems, the undersigned hereby applies for approval of sub-acute detoxification services.

Licensed physicians on call:

1. Name _____ License Number _____

   Name _____ License Number _____

   Name _____ License Number _____

   Name _____ License Number _____

2. Name(s) of physician's designated representatives:

_____

_____

_____

By signing this application for sub-acute detoxification, I acknowledge that should any information contained in this application change, notice of the change will be immediately provided to the Substance Abuse Licensing Section, Division of Licensing & Certification, Bureau of Health Systems, Department of Community Health. Failure to do so may invalidate the application.

SIGNED _____ DATE _____
Program Director

As the duly authorized representative or designee of the applicant program's governing authority, I certify that the governing authority has the authority and responsibility for overall operation of the program and will ensure that the program complies with applicable licensing standards.

SIGNED _____ DATE _____
Governing Authority Representative

TITLE _____

PENALTY: FAILURE TO COMPLETE THIS APPLICATION WILL RESULT IN DENIAL OF LICENSURE FOR THE ABOVE SERVICE.

BHS-LC-105 (Rev. 11/09)
Authority: P.A. 368 of 1978, as amended,
and R 325.14101-R 325.14928