

Michigan Department of Licensing and Regulatory Affairs
Bureau of Health Professions
Substance Abuse Program
P.O. Box 30670
Lansing, MI 48909
(517) 241-1970

Program License Number:

Authority: P.A. 368 of 1978, as amended and R 325.14101-R 325.14928

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 Licensing and Regulatory Affairs, Bureau of Health Professions, the undersigned hereby applies for approval of sub-acute detoxification services.

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

PLEASE TYPE OR PRINT CLEARLY

List <u>licensed physicians</u> on call:	
Name	License Number
Name	License Number
Name	License Number
Name	License Number

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 Program, Health Licensing Division, Bureau of Health Professions, Department of Licensing and Regulatory Affairs. Failure to do so may invalidate the application.

Program Director Signature: _____ Date: _____

Print Name: _____

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: _____

Print Name: _____