

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Health Professions
Substance Abuse Program
 P.O. Box 30670
 Lansing, MI 48909
 (517) 241-1970
 Authority: P.A. 368 of 1978, as amended.

LICENSE CHANGE OF INFORMATION FORM

In order to maintain a valid substance abuse license, this form must be completed and submitted to the Substance Abuse Program prior to making changes in ownership, governing authority, location or merger. A license is NOT transferable. In accordance with Rule 325.14212 of the Administrative Rules for Substance Abuse Programs, non-compliance with this requirement is a violation.

When a change is anticipated, complete the applicable portion of this form, with signature, and submit it to the Substance Abuse Program at the above address. Provide a copy to your local substance abuse coordinating agency and retain a copy for your program files. Please note that certain changes require the completion of a new license application. If you have any questions, please contact the Substance Abuse Program at (517) 241-1970.

Complete the following information as shown on your current license or most recent license application.			
License Number		Date of Submission (MM/DD/YY)	
Program Legal Name			
Street Address (P.O. Box, if applicable)			
City	State	Zip Code	County
Telephone Number with Area Code	Fax Number with Area Code	E-Mail Address	
<p>Check the appropriate box below that indicates which change(s) will be made to your program.</p> <p>List effective date of change: _____ (MM/DD/YY)</p> <p><input type="checkbox"/> Program Legal Name – New Name: _____</p> <p><input type="checkbox"/> Street Address: Use form number LARA/SUB-201 – <i>Change of Address</i></p> <p><input type="checkbox"/> Telephone Number (include area code): _____</p> <p><input type="checkbox"/> Program Director: _____</p> <p><input type="checkbox"/> Program Ownership: Use form number LARA/SUB-010 – <i>Application for a Substance Abuse License</i></p> <p><input type="checkbox"/> Program Governing Authority: Total Number of Members: _____ Number of New Members: _____ *</p>			
<p>* Fewer than half are new members: Submit list of new members, their position, business address, contact phone number and whether they provide direct services to clients with this form.</p> <p>* One half or more are new members: Download a new application from the Substance Abuse Licensing web page found through (http://www.michigan.gov/bhp) or request a form by contacting the State office shown above.</p>			

<input type="checkbox"/> MERGER WITH ANOTHER PROGRAM: Use form LARA/SUB-010 - <i>Application for a Substance Abuse License</i>	
<input type="checkbox"/> ADDITION OF SERVICE CATEGORY(IES) (Check below which apply) In order for your program to add services to your present license, it will be necessary for you to submit documentation of compliance with the administrative rules listed (under each service category) BEFORE a recommendation can be made.	
<input type="checkbox"/> PREVENTION-CAIT Rules 501(1-3)	<input type="checkbox"/> INPATIENT-INTERMEDIATE CARE Rules 801, 802, 804, 806, 807, 808
<input type="checkbox"/> RESIDENTIAL Rules 901 (1-2), 902 (1,3), 903 (2), 906, 908 (1-2)	<input type="checkbox"/> CASEFINDING-SARF 601 (1-4), 602
<input type="checkbox"/> APPROVED SERVICE PROGRAM (NON-HOSPITAL DETOX) Rules 921 (1-2), 923 (1-3), 924 (1), 925 (1-3), 926, 927 (6,7,10)	<input type="checkbox"/> OUTPATIENT-DRUG FREE RULES Rules 701 (2,4) 702 (2), 711 (2-5), 712
<input type="checkbox"/> OUTPATIENT-METHADONE Same as Outpatient-Drug Free	
ADDITION OF SERVICE CATEGORY(IES) ASSOCIATED WITH AN EXISTING LICENSE	
<input type="checkbox"/> Substance Use Disorder Case Management	
<input type="checkbox"/> Integrated Treatment for Persons with Mental Health and Substance Use Disorders	
<input type="checkbox"/> Early Intervention	
<input type="checkbox"/> Peer Recovery and/or Recovery Support	
For the above categories, if applying, please send documentation of how your program conforms to the definitions relevant to each category. These can be found in the Administrative Rules.	
<input type="checkbox"/> DELETION OF SERVICE CATEGORY. IDENTIFY:	
CERTIFICATION (MUST BE SIGNED)	
I certify that the information contained herein is true and accurate. Supportive documentation will be furnished upon request of the Substance Abuse Licensing Program or the coordinating agency designated to serve my program's geographic area.	
Program Director's Signature: _____ Date: _____	
Printed Name: _____	

The Michigan Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. You may make your needs known to this Agency under the *Americans with Disabilities Act* if you need assistance with reading, writing, hearing, etc.