

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Bureau of Health Systems
Division of Licensing & Certification
Substance Abuse Licensing Section
P.O. Box 30664
Lansing, Michigan 48909

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 Licensing Section 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 Licensing Section 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 Licensing Section at (517) 241-1970.

1. Complete the following information as shown on your **current license** or **most recent license application**.

LICENSE NUMBER: _____ SUBMISSION DATE: _____

PROGRAM NAME: _____

STREET ADDRESS: _____

CITY: _____ ZIP: _____

COUNTY: _____ TELEPHONE (including Area Code): _____

2. Indicate which changes will be made in your program. EFFECTIVE DATE OF CHANGE: _____

☐ PROGRAM NAME: _____

☐ STREET ADDRESS: Use the Change of Address (BHS-LC-004) form.

☐ TELEPHONE (including area code): _____

☐ PROGRAM DIRECTOR: _____

☐ PROGRAM OWNERSHIP: Use the Application for a Substance Abuse License (BHS-LC-106) form.

☐ PROGRAM GOVERNING AUTHORITY: Total # of Members _____ # of New Members _____

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.

One half or more are new members: Download a new application from the [Substance Abuse Licensing Section web page](http://www.michigan.gov/bhs) found through (<http://www.michigan.gov/bhs>) or request a form by contacting the State office shown above.

☐ **MERGER WITH ANOTHER PROGRAM:**

Use the Application for a Substance Abuse License (BHS-LC-106) form.

☐ **ADDITION OF SERVICE CATEGORY(IES)**

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.

☐ **PREVENTION-CAIT**

Rules 501(1-3)

☐ **INPATIENT-INTERMEDIATE CARE**

Rules 801, 802, 804, 806, 807, 808

☐ **RESIDENTIAL**

Rules 901 (1-2), 902 (1,3), 903 (2), 906, 908 (1-2)

☐ **CASEFINDING-SARF**

601 (1-4), 602

☐ **APPROVED SERVICE PROGRAM (NON-HOSPITAL DETOX)** Rules 921 (1-2), 923 (1-3), 924 (1), 925 (1-3), 926, 927 (6,7,10)

☐ **OUTPATIENT-DRUG FREE RULES**

Rules 701 (2,4) 702 (2), 711 (2-5), 712

☐ **OUTPATIENT-METHADONE**

Same as Outpatient-Drug Free

ADDITION OF SERVICE CATEGORY(IES) ASSOCIATED WITH AN EXISTING LICENSE

☐ **Substance Use Disorder Case Management**

☐ **Integrated Treatment for Persons with Mental Health and Substance Use Disorders**

☐ **Early Intervention**

☐ **Peer Recovery and/or Recovery Support**

For these 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.

☐ **DELETION OF SERVICE CATEGORY. IDENTIFY:** _____

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 Section or the coordinating agency designated to serve my program's geographic area.

Signed _____ Date _____
Program Director

Printed Name _____