

**PENNSYLVANIA DEPARTMENT OF HEALTH  
BUREAU OF COMMUNITY PROGRAM LICENSURE AND CERTIFICATION  
DIVISION OF DRUG AND ALCOHOL PROGRAM LICENSURE  
Exception Request (28 Pa. Code Chapter 715)/Buprenorphine**

Name of Facility (Facility): \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Facility E-mail Address (optional): \_\_\_\_\_

Program Director: \_\_\_\_\_

Facility Director: \_\_\_\_\_

Pursuant to the Department of Health, Bureau of Community Program Licensure and Certification, Division of Drug and Alcohol Program Licensure Licensing Alert No. 01-08, issued January 2008, and 28 Pa. Code §§ 701.11, 709.4 and 711.4 (as applicable), the Facility requests an exception to the requirements of 28 Pa. Code Chapter 715, for purposes of using buprenorphine in the detoxification and/or maintenance treatment of persons with opioid dependency.

- The Facility will use buprenorphine in the detoxification treatment of persons with opioid dependency. \_\_\_\_ Yes \_\_\_\_ No.
- If yes, use of buprenorphine in detoxification treatment will not exceed \_\_\_\_\_ (cannot be longer than 90 days).
- The Facility will use buprenorphine in the maintenance treatment of persons with opioid dependency. \_\_\_\_ Yes \_\_\_\_ No.
- The Facility will use buprenorphine in the detoxification and/or maintenance treatment of no more than \_\_\_\_\_ persons with opioid dependency at any given time.

- The physicians listed below are employed and/or contracted with the facility to provide buprenorphine detoxification and/or maintenance treatment. A copy of current DEA Registration or CSAT approval of physician for prescribing and administering buprenorphine must be included for each physician named below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Submit additional names on separate document.

The Facility understands that the Department will review the Facility's policies and procedures during the next annual licensure survey to determine compliance with applicable regulations including those that relate to medication control in 28 Pa. Code §§ 709.32, 711.87 and 711.97 (as applicable), and that the Facility's current policies and procedures may require revision based on the granting of this exception.

Signed: \_\_\_\_\_  
Program/Facility Director

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please submit request for exception to:**

**Pennsylvania Department of Health  
Bureau of Community Program Licensure and Certification  
Division of Drug and Alcohol Program Licensure  
132 Kline Plaza, Suite A  
Harrisburg, PA 17104**

Requests may also be submitted by fax to the Division of Drug and Alcohol Program Licensure at (717) 787 - 3188.

Requests may also be submitted electronically to the Division at the following e-mail address:

**dapl@state.pa.us**

Questions regarding this request for exception may be directed to the Division of Drug and Alcohol Program Licensure at the above address or at (717) 783-8675.

**\*\*\*Please visit the Department's web site to access this Licensing Alert and other Division publications ([www.health.state.pa.us](http://www.health.state.pa.us) and enter DAPL in the search box)\*\*\***