

Baltimore Buprenorphine Initiative

Instructions for the FREE Online Training Course and Waiver Application

Step 1:

Enroll in the Online Training Course either online or via a paper registration:

- **Online Registration:**
 - Go to <http://www.buprenorphinecme.com/baltimore> and complete the “Create an Account” section to register for the training.
- **Paper Registration:**
 - Complete and submit the enclosed “Letter of Agreement” and the “Physician Information Form” to Vanessa Kuhn, the Program Coordinator. Mail or fax these two forms to the following address:
Vanessa Kuhn
Baltimore Substance Abuse Systems, Inc.
One North Charles Street, Suite 1600
Baltimore MD 21201-3718
F 410.649.1911

Step 2:

After you receive your training User-ID and Password, complete the online training course within three (3) months.

- Your user-id and password will be sent to you and/or confirmed via email.
- The training website can be accessed at <http://www.buprenorphinecme.com/>
- For questions about your account, please contact Vanessa Kuhn at 410-637.1900 ext. 286 or at vkuhn@bsasinc.org

Step 3:

Complete and submit the DATA 2000 Waiver Application.

- After completing the training, complete and submit the DATA 2000 waiver application.
- Applications can be completed and submitted directly online at <http://buprenorphine.samhsa.gov/pls/bwns/waiver>
- Applications can also be completed on paper and mailed or faxed to SAMHSA. The form and the SAMHSA mailing/fax information are available at: http://buprenorphine.samhsa.gov/sma_167l.pdf

Step 4:

Inform Baltimore Buprenorphine Initiative staff upon receipt of your waiver.

- Please inform Buprenorphine Initiative staff at 410-637.1900 ext. 286 or at vkuhn@bsasinc.org once you have received your waiver.

August 25, 2006

Dear Colleague:

Thank you for your interest in completing an online physician buprenorphine training program as part of Baltimore City's new campaign to expand primary care access points. The Baltimore City Health Department has entered into a contract with Clinical Tools, Inc. and the American Society of Addiction Medicine to provide training to eligible physicians so that they can obtain a DATA 2000 waiver to prescribe buprenorphine.

The Health Department has agreed to pay the full cost of the online training for physicians who agree to the following requirements:

1. Complete the training within three months of registering for the training with the contractor.
2. Meet the physician waiver qualifications listed on the Buprenorphine Initiative Physician Information Form upon completion of the training.
3. Complete the Buprenorphine Initiative Physician Information Form and submit it to the Buprenorphine Initiative Coordinator per the attached instructions.
4. Sign the Waiver Notification Form (SMA-167) to the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration within ten days of completing the Training and also submit this form to the Buprenorphine Initiative Coordinator per the attached instructions.
5. Notify the Baltimore City Health Department upon receipt of your DATA 2000 waiver.

If you are agreeable to the terms of this letter agreement, complete the below information and sign and date the two enclosed originals. Please keep one original for your records and the mail or fax the other original to:

Vanessa Kuhn
Baltimore Substance Abuse Systems, Inc.
One North Charles Street, Suite 1600
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Upon receipt of this executed letter agreement, the Department will notify you if you have been approved for the Training. Please feel free to contact Vanessa Kuhn at vkuhn@bhca.org or at (410) 649-0529 ext 3002 if you have any questions.

Sincerely,

Joshua M. Sharfstein, M.D.
Commissioner of Health

I ACKNOWLEDGE AND AGREE TO THE TERMS OF THIS LETTER AGREEMENT:

Date Physician Signature

Name of Physician: _____

Address: _____

Telephone Number: _____

Email address: _____

Physician Information Form

Date: ____ / ____ / _____

Name of Practitioner: _____

State Medical License Number: _____

DEA Registration Number: _____

Medical Specialty/Board Certification: _____

Length of Time in Practice: _____ years

Address of Primary Practice Location (include zip code):

Telephone Number (include area code): () _____ - _____

Fax Number (include area code): () _____ - _____

Email Address: _____

Address of Other Practice Location (include zip code):

Phone Number of Other Practice Location: () _____ - _____

Do you have experience in providing care to opioid-dependent patients? Yes No

Please check all that apply:

- Subspecialty board certification in addiction psychiatry from the American Board of Medical Specialties
- Addiction certification from the American Society of Addiction Medicine
- Subspecialty board certification in addiction medicine from the American Osteopathic Association
- Completion of no less than eight hours of training for the treatment and management of opioid-dependent patients provided by the following organization(s):
 - American Society of Addiction Medicine
 - American Academy of Addiction Psychiatry
 - American Medical Association
 - American Osteopathic Association
 - American Psychiatric Association
 - Other (Specify, include date and location)
- Participation as an investigator in one or more clinical trials leading to the approval of a Schedule III, IV, or V narcotic for maintenance or detoxification treatment
- State medical licensing board-approved experience or training in the treatment and management of opioid-dependent patients
- Other (Specify): _____

Do you consent to the following:

- I consent to the release of my name, primary address, and phone number to SAMHSA Buprenorphine physician Locator Web site.
- I do not consent to the release of my name, primary address, and phone number to SAMHSA Buprenorphine physician Locator Web site.

*** Once you have completed this physician information form, please fax or mail it to:

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