



For Office Use Only
Budget: ZZ105
Fund: 173
CFN:

PATIENT QUALITY CARE UNIT

NARCOTIC TREATMENT PROGRAM FEE SUBMISSION FORM
(Texas Health and Safety Code, Chapter 466)

Return this completed form and nonrefundable fee to the TEXAS DEPARTMENT OF STATE HEALTH SERVICES, PATIENT QUALITY CARE UNIT, ZZ105-173, 1100 WEST 49TH STREET, AUSTIN, TEXAS 78756. Make check or money order payable to: TEXAS DEPARTMENT OF STATE HEALTH SERVICES. For additional licensure assistance, contact us by phone at (512) 834-6700 x12146, fax at (512) 834-6638, or email at ntp@dshs.state.tx.us. Additional information may be found on our website at www.dshs.state.tx.us.

FAILURE TO PROVIDE ALL FORMS AND INFORMATION REQUIRED BY LAW WILL DELAY ISSUANCE OF CERTIFICATE

1. Please mark appropriate box for which form is being submitted:
2. Complete in full:
3. Address(es) of medication unit(s)
4. Schedule of Fees:
NARCOTIC TREATMENT PROGRAMS (NTPs)
HOSPITAL DETOXIFICATION PROGRAMS
OFF-SITE MEDICATION UNITS
LATE FEES

CURRENT VERIFICATION: I affirm that the above statements are true and correct and that no reasons exist for which the Commissioner may refuse this form, or at a later date revoke or suspend our permit. I further affirm, by signature hereon, that I am not currently delinquent in the payment of any corporation franchise taxes owed the State of Texas under Chapter 171, Tax Code. I have not been convicted of a felony or misdemeanor.

NTP Sponsor's or Hospital Administrator's Signature Date