New Jersey Department of Health

ATTESTATION FOR COMPLIANCE WITH WAIVER REQUIREMENTS TO PROVIDE MEDICATIONS FOR THE TREATMENT OF SUBSTANCE USE DISORDER

Instructions: Complete electronically using ADOBE READER. The Facility may use this form to attest that they meet the requirements of the Certificate of Waiver for substance use disorder facilities issued on 03/10/2020. Submissions may be made via email to DOHCNLBHwaivers@doh.nj.gov.

CLICK HERE TO CONFIRM YOU HAVE OPENED YOUR FORM IN ADOBE READER

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