

MEDICATIONS FOR OPIOID USE DISORDER ATTESTATION LETTER TEMPLATE

ORGANIZATION LETTERHEAD

DATE:

FROM:

RE: Attestation to provision of Medications for Opioid Use Disorder

TO: National Health Service Corps

[INSERT BRIEF OVERVIEW OF SITE (AND ORGANIZATION IF APPLICABLE) AND SERVICES PROVIDED AND PATIENT POPULATION].

This letter is to certify that [SITE NAME] located at [SITE ADDRESS] provides Medications for Opioid Use Disorder (MOUD) in an outpatient clinical setting. Medications For Opioid Use Disorder services are available to patients [INSERT DAYS AND HOURS OF OPERATION FOR MEDICATIONS FOR OPIOID USE DISORDER].

At this clinical service site, the Medications for Opioid Use Disorder patient panel for the six-month period beginning [START DATE] and ending [END DATE] was [# OF PATIENTS RECEIVING MEDICATIONS FOR OPIOID USE DISORDER. [THE DATA MUST BE FOR THE MOST RECENT SIX-MONTH PERIOD WITHIN THE LAST 12 MONTHS AND THE NUMBER OF PATIENTS MUST BE GREATER THAN ZERO (0)].

[INK OR E-SIGNATURE OF CEO AND/OR MEDICAL DIRECTOR]

[PRINTED SIGNATOR NAME]

[POSITION/TITLE]

[ORGANIZATION]