

Driver Wellness & Safety Division Substance Use Treatment Provider's Report

INSTRUCTIONS TO DRIVER: Complete section A and have your Substance Use Treatment Provider complete the remainder of this form. The treatment provider should return this form with supporting documents to the MVA. (Please note: Payment for any examination and preparation of this form is your responsibility)
For questions call: (410) 768-7553 for Reinstatement, or (410) 768-7513 for Medical.

Section A - To be completed by driver (print or type)

Driver License Number			Today's Date
Last Name	First	Middle	Date of Birth
Address			

Section B - To be completed by medical provider

INSTRUCTIONS TO MEDICAL PROVIDER: The MVA Driver Wellness and Safety Division has been made aware that the individual noted above may have an alcohol/substance use disorder that could affect their ability to safely drive.

To submit your forms electronically, please visit: <https://mymva.maryland.gov/go/web/DocUpload>

Or submit by mail at:
Motor Vehicle Administration, Division of Driver Wellness and Safety, Room 124,
6601 Ritchie Highway, NE, Glen Burnie, MD 21062

Note to treatment provider:

1. Referred by: Court Drinking Driver Monitoring Program (DDMP) Lawyer MVA Self

2. Substances used: _____

3. Date Treatment Started: _____ Date Treatment Ended: _____

4. Number of: _____ Classes Hours Sessions

5. ASAM Level of Care: 0.5 1 2.1 2.5 3.1 3.3 3.7 4

Outpatient Treatment Licensed Health Professional in Solo or Group Practice

6. Attendance requirements met: Yes No Overall participation: Good Fair Poor

Comments: _____

Name _____	Driver's License Number _____																
<p>7. Test performed (alcohol AND drug testing minimum twice monthly): BAT UDS Other _____</p> <p>7a. Twice monthly alcohol and drug screens were completed: Yes No (please comment)</p> <p>7b. Positive screens noted below (attach additional pages if needed) All screens were negative</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">Date</th> <th style="width: 25%; text-align: center;">Result</th> <th style="width: 25%; text-align: center;">Date</th> <th style="width: 25%; text-align: center;">Result</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Comments: _____</p> <p>_____</p> <p>_____</p>		Date	Result	Date	Result	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____														
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<p>8. Description of treatment Plan: _____</p> <p>_____</p> <p>_____</p>																	
<p>9. Aftercare Recommended: Yes (please comment) No</p> <p>10. Additional Comments: _____</p> <p>_____</p> <p>_____</p>																	
<p>11. Treatment Facility Name: _____</p> <p>12. License Type: Clinic Independent Practitioner Maintenance Clinic _____</p> <p>13. Address: _____</p> <p>14. Phone Number: _____ Fax Number: _____</p>																	
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">Name of Counselor/Licensed Clinician</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black;">License Number</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Counselor's Signature</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black;">Date</td> </tr> </table>		Name of Counselor/Licensed Clinician	License Number	Counselor's Signature	Date												
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Apply to register to vote with your driver's license transaction. For details ask your customer agent.