

APPLICATION FOR APPROVAL REMEDIAL PROGRAMS

A. Please complete both sides of the application. Print in ink. **Must provide separate form for each program.**

Application for DIP Program - \$300.00 Change of Address DIP Program Add DIP Branch Application for DIP Internet Program - \$300.00 Video Use/Curriculum Changes	Application for 3 Hour Alcohol/Drug Program - \$200.00 Change of Address 3 Hour Alcohol/Drug Program Add 3 Hour Alcohol/Drug Branch Application 3 Hour Alcohol/Drug Internet Program - \$200.00 Other: _____			
Name of Provider	Provider Number			
Street Address	City	County	State	Zip Code
Phone Number	Fax Number	Email Address (must provide)	Web Address for Online Only	

B. Fill out this section for change of Address/Email/Phone Number only

Old Site Address	City	County	State	Zip Code
New Location Address	City	County	State	Zip Code
Business Phone	Program Email Address			

Yes No

Has the applicant been previously approved as a provider?

If yes, was the approval canceled?

If yes, when? _____

Has any owner, partner or corporate officer listed ever been convicted of any violation of Motor Vehicle laws in any state or territory?

If yes, please explain in section D.

Has any owner, partner or corporate officer listed ever been convicted of a crime, other than traffic violations, in any state or territory?

If yes, please explain in section D.

Are any owners, partners or corporate officers currently employed by the State of Maryland?

If so, which agency? _____

C. List all Owners, Partners and Officers of Corporation below. All fields must be completed for each entry.

Name		Position		Driver's License Number		
Street Address		City	County		City	Zip Code
Date of Birth	Phone Number		Email Address			
Name		Position		Driver's License Number		
Street Address		City	County		City	Zip Code
Date of Birth	Phone Number		Email Address			
Name		Position		Driver's License Number		
Street Address		City	County		City	Zip Code
Date of Birth	Phone Number		Email Address			

D. If your request requires additional information, please provide it in the section below.

1. **What is the primary purpose of the study?** The study aims to evaluate the effectiveness of a new treatment for hypertension in a diverse population.

Certification of Signator(s)

It is illegal to give false or fictitious information to obtain approval as a provider. Since this certification is considered part of the application, anyone who provides or certifies to a false or fictitious statement or information herein may be prosecuted and/or have their approval canceled.

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Co- Applicant's Signature _____ Date _____