

Public Health Law §3352

1. Persons certified pursuant to article twenty-three of the Mental Hygiene Law to operate Methadone Maintenance Treatment Programs (MMTP) shall keep records showing the receipt, administration, dispensing, or destruction of all controlled substances and maintain the records in such manner and detail as the Commissioner, by regulations, shall require.
2. By the tenth day of each month, a person certified to conduct a maintenance program shall file with the Department a report summarizing its activity in the preceding month.

Program Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Telephone \_\_\_\_\_

DEA Number used for ordering Methadone \_\_\_\_\_

Is DEA Number assigned to the MMTP?  Yes Name of MMTP \_\_\_\_\_  
 No

Do you receive Methadone from a wholesaler?  Yes Name of wholesaler \_\_\_\_\_  
DEA Number of wholesaler \_\_\_\_\_  
 No

New York State OASAS Certificate Number \_\_\_\_\_

For Month of \_\_\_\_\_ year

**METHADONE ACTIVITY FOR THE MONTH**

Express Amount in Grams, i.e. (245.56 gms)	Methadone*
Amount on hand at end of last month	
Amount received during the month	
Amount dispensed and administered this month	
**Amount lost, stolen or unaccounted for	
**Amount surrendered	
Amount on hand at end of the month	

\*Dosage form used (example: "Methadone-liquid 10mg/ml", "Tablets 40mg/tablet") \_\_\_\_\_

\*\*Loss, theft, or surrender of controlled substances must be reported. Briefly explain \_\_\_\_\_

I certify that on \_\_\_\_/\_\_\_\_/\_\_\_\_, I have completed a physical inventory, as reported on this form. Any loss, theft, or surrender has been reported.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Telephone

*False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.*

Mail completed form to: Bureau of Narcotic Enforcement  
Riverview Center  
150 Broadway  
Albany, NY 12204  
(866) 811-7957