

Date:

From:

Re: Attestation to provision of Medications for Opioid Use Disorder

To: National Health Service Corps

This letter is to certify that _____ located at _____ provides Medications for Opioid Use Disorder (MOUD) in an outpatient clinical setting. Medications For Opioid Use Disorder services are available to patients

At this clinical service site, the Medications for Opioid Use Disorder patient panel for the six-month period beginning _____ and ending _____ included

Signature of CEO and/or Medical Director

Printed Name _____

Position/Title _____

Organization Name _____