

**New York State Department of Health
Bureau of Narcotic Enforcement**

Opioid Stewardship Act - Appeal Form

Pursuant to Public Health Law §3323(8) a licensee may appeal its ratable share by submitting evidence to the Department to justify why the share is inaccurate or otherwise not warranted.

Complete the information below. This completed form and supporting documentation must be submitted by the applicable due date or it will not be accepted.

Appeals for the 2017 Opioid Stewardship Act will not be accepted.

Appeals for the 2018 Opioid Stewardship Act must be submitted by November 1, 2023.

Licensee Information	
Company Name:	
Justification:	
DEA Registration Number(s):	
NYS Controlled Substance License Number(s):	
Customer Number(s) (found on invoice):	
Contact Name:	
Contact Phone Number:	
Contact E-mail Address:	

**Please include documentation to justify the reason for appeal.
Note: Appeals will not be reviewed without supporting documentation.**

E-mail this completed form, supporting documentation, and any questions regarding appeals to osa@health.ny.gov and include "2018 OSA Appeal" in the subject line.