



Bureau of Workers' Compensation

Substance Use Prevention & Recovery

Application for the Substance Use Prevention and Recovery Program Vendor Directory

The Ohio Bureau of Workers' Compensation (BWC) promotes safe and healthy workplaces in Ohio. The Substance Use Prevention and Recovery Program (SUPR) Vendor Directory is a resource for businesses seeking assistance in the development and implementation of a drug-free program. **Vendors listed in the directory must document they are qualified to provide services** in accordance with Ohio Revised Code 153.03 by providing license/certifications at the time of application.

Fill in the provider/vendor information. If you have multiple locations, only complete ONE application for your main location. **Note:** Vendors are responsible for updating their information with BWC. If you have questions, email our employer programs unit at employerprogramunit@bwc.ohio.gov.

Submit the form and supporting documentation in one of the following ways.

Email: EmployerProgramUnit@bwc.ohio.gov

Mail: BWC Mail Processing Center

Attn: Employer Programs
30 W. Spring St.
Columbus, OH 43215-2256

Fax: 614-621-1405

Check if this application is New or an Update.

Check if you would like to be included on the public SUPR Vendor Directory

SUPR vendors are listed on our website by the business name on their Certificate of Ohio Workers' Compensation Coverage. If you don't have a BWC policy number, apply for coverage through our website. If Ohio law does not require you to have coverage, skip BWC policy number.

Business name		BWC policy number	
Address	City	State	ZIP code
Contact name			
Telephone	Fax		
Email			
Website			
Counties served			

Services offered (Check all that apply.)

<input type="checkbox"/> Brokerage services	<input type="checkbox"/> Employee education	<input type="checkbox"/> Specimen collection
<input type="checkbox"/> Consortium services	<input type="checkbox"/> Medical review officer services	<input type="checkbox"/> Supervisor training
<input type="checkbox"/> Employee assistance plan	<input type="checkbox"/> Policy development	<input type="checkbox"/> Training-the-trainer

I certify that all information is complete and accurate, and no misrepresentations have been made by the provider or its employees.

Signature of officer, owner, partner, or designated management representative

Date

Printed name