



Bureau of Workers' Compensation

Substance Use Prevention & Recovery

Application for Substance Use Prevention and Recovery Program

Instructions

Submit the form to BWC in one of the following ways.

1. **Online:** bwc.ohio.gov.
2. **Fax:** 614-621-1405.
3. **Mail:**
BWC Mail Processing Center
Attn: Employer Programs
30 W. Spring St., 22nd Floor
Columbus, OH 43215-2256

Employer information

Name of employer and DBA		Federal Tax ID number		BWC policy number	
Address		City		State	ZIP code
Telephone number			Fax number		
Email address					

Contact information

Contact name	
Contact title	Contact email
Contact telephone number	Contact fax number

Note

While participating in the Substance Use Prevention and Recovery (SUPR) Program, you should verify other BWC programs that are compatible with it. You may participate in more than one BWC program. However, only certain programs may be combined in the bonus calculation. Please reference the compatibility chart found in Ohio Administrative Code 4123-17-74.

Check the program/level for which you are requesting approval.

☐ Advanced level ☐ Basic level ☐ Comparable program ☐ Reimbursement only Number of employees _____

Do you want BWC to place you in the Public Improvement construction contractor/subcontractor database, thereby making you eligible to bid and/or work on public improvement construction projects? (Employer wants to be listed as "approved" in public improvement construction database.)

☐ Yes
☐ No

I hereby certify my organization is applying to implement a SUPR pursuant to Rule 4123-17-58 of the Ohio Administrative Code. I also certify my organization is willing to meet, at minimum, the requirements associated with the level of program for which I have applied (Advanced, Basic, Comparable, or Reimbursement Only). This includes timely submission of a fully completed annual report, which BWC must receive by the deadline date or be post marked by that date as specified by rule. When failing to fully implement the SUPR or meet the specified requirements, I agree to promptly repay to the BWC any SUPR bonus received. Also, I certify this information is accurate and, if not, may subject the employer applicant and myself to civil and criminal penalties.

Name of designated employer representative certifying intent to comply and willingness to pay back discounts for non-compliance.

Owner/partner; officer name	Title
Signature X	Date signed