

Tennessee Syringe Services Program (SSP) Application

Welcome to the Tennessee Syringe Services Program (SSP) application. This application is for those seeking to establish and operate an SSP in Tennessee. An SSP and any operating location(s) must be approved by the Tennessee Department of Health (TDH) before starting operations.

Any organization (such as a nongovernmental/community-based organization or health department) that promotes scientifically proven ways of mitigating health vulnerabilities associated with drug use, may apply to establish and operate an SSP. The objectives of the program shall be to do all of the following:

Reduce the spread of human immunodeficiency virus (HIV), viral hepatitis, and other bloodborne diseases in this state
 Reduce needle stick injuries to law enforcement officers and other emergency personnel
 Encourage persons who inject drugs to enroll in evidence-based treatment
 Provide overdose prevention services, including access to naloxone
 Please note, the law requires that unused needle, syringes, and other injection supplies are provided at no cost and in quantities sufficient to ensure that these supplies are not shared or reused. A program shall strive for a 1:1 syringe exchange. No public funds (such as state or federal funding) may be used to purchase needles, syringes, or other injection supplies. Please review Tennessee's SSP legislation, T.C.A Title 68, Chapter 1, prior to applying.

Please complete the following Syringe Services Program application.

For questions or assistance, please contact SSP.Health@tn.gov.

Please see the PDF version of the Tennessee Department of Health syringe services program application for review.

Is this a new or amended syringe services program (SSP) application?

☐ New application (never submitted an application in TN)

☒ **Amended application (previously approved agency with new proposed location(s))**

Will the newly proposed SSP be located in a different county from current operations?

☐ Yes

☒ **No, Same County**

Applicant and SSP Contact Information

Name of the organization or agency applying:

Name of primary applicant (person applying):

Primary applicant's phone number:

Primary applicant's email address:

Do you want to provide a secondary contact?

☐ Yes

☒ No

Secondary contact name:

(optional)

Secondary contact phone number:

(optional)

Secondary contact email address:

(optional)

Syringe Service Program Information

Name of the SSP (if different from agency name):

SSP phone number (for participants to call):

SSP email address (for participants to email to):

SSP or agency website:

_____ (optional)

Proposed SSP Location Details

Every SSP location must meet the state legislation's zoning requirements and be approved by TDH.

Zoning Requirement: Per TN Code Ann. § 68-1-136(g), SSPs must be located at least 1,000 feet from any school or public park, with the exception where it has to be at least 2,000 feet from a school or public park in municipalities with a population between 55,440-55,450.

Will you be operating a mobile SSP?
A mobile SSP operates from a van, bus, pop-up table or other mobile unit to deliver services.

☐ Yes
☐ No

Important Note: if operating as a mobile SSP, the program must have pre-determined stops/locations where services will be delivered. Each location/stop must be in alignment with the zoning requirements, included in the SSP application, and approved prior to operations. If a program decides to add additional locations after application approval, they must submit an amended application for the new site(s) to be approved before services can be offered (TN Code Ann. § 68-1-136(g)).

☐ I understand that all SSP locations must meet zoning requirements and receive TDH approval prior to operations.

Please provide your SSP's location and operation details by **completing and uploading the attached SSP location table**.

Upload Document

SSP Application_Location Table.docx

Please upload documentation showing that the proposed SSP location(s) meets the legislation's zoning requirements (i.e., Google maps, GIS, etc.).

Upload Document

If you need help creating the map documentation, please see the attached SSP mapping guide (SSP Application_Mapping Guide.pdf) or contact SSP.Health@tn.gov.

(Important Note: Please ensure that the uploaded maps illustrates the allowed zoning from a school and a park.)

Programmatic Service Details

Please note that the law requires that unused needles, syringes, and other injection supplies be provided at no cost and in quantities sufficient to ensure that these supplies are not shared or reused. A program shall strive for a one-to-one syringe exchange. No public funds (such as state or federal funding) may be used to purchase syringes, needles, or other injection supplies.

Please complete and upload the attached SSP services table to document how your agency will provide services during SSP operations.

SSP Application_Services Table.docx

Upload Document

If you need help to identify a referral source for one or more services, please contact the SSP Team at SSP.Health@tn.gov.

Organizational Capacity Details

Letters of support are strongly encouraged to demonstrate and ensure community cohesion, but they are **not required**.

Please upload any letter(s) of support (**optional**).

(Note: Letters can be from local health department, county representatives, local law enforcement, and other community organizations. Please combine all letters of support into 1 document to upload.)

TDH SSP Application Final Submission

Note: The SSP and any operating location(s) must be approved by the Tennessee Department of Health prior to the start of operations. The SSP Team will start the review process once your application is submitted and will be in touch soon.

Questions can be directed to SSP.Health@tn.gov or (629)-259-1528. Thank you for your interest in expanding and providing important services to Tennesseans!
