



Physician (MD/DO), Oral Surgeon (DDS/DMD) or Podiatrist (DPM) Prescribing Authority Supplemental Questionnaire

As per the Controlled Substance Act a prescription for a controlled substance may only be issued by a physician, dentist and podiatrist who are:

- Authorized to prescribe controlled substances by the jurisdiction in which the physician is licensed to practice; and
• Registered with DEA or exempted from registration as stated in the exceptions below; or
• An agent or employee of a hospital or other institution acting in the normal course of business or employment under the registration of the hospital or other institution which is registered in lieu of the individual physician.

A physician shall comply with Federal Drug Enforcement Administration (DEA) and state laws relating to prescribing of controlled substances. Every physician who administers, dispenses or prescribes a controlled substance (Schedules II-V) must be registered with the DEA or be exempt by regulation from registration prior to applying for a State CDS/CSR Certificate or vice versa.

1. Do you plan to prescribe controlled substances? If No, STOP HERE, attest to this document by signing/dating and returning. YES NO

2. If Yes, do you possess a State Controlled Substance Certificate (CDR/CSR /BNDD/DPS)? Submit a copy of your certificate. YES NO

If No, please explain why:

3. If Yes, do you possess a Federal Controlled Substance Certificate (DEA)? Submit a copy of your certificate. If No, do you practice in one of the following capacities? If so, you are automatically exempt from this requirement and no other explanation will be required. YES NO

- Indian Health Service
Public Health Service
Federal Bureau of Prisons
Military Physicians
Organizational DEA (physicians who are employed by an educational institution or research institution)
Other: If you are exempt by regulation for any other reason, please provide a statement of the reason for the exception:

If No to questions 2 or 3, Please provide the name of the physician(s) who will prescribe for patients who need prescriptions for medications requiring a DEA or State Controlled Substance certificate:

Physician Name: Medical License No: State:

Pending DEA or State Controlled Substance Certificates: If the applicant/provider has a pending DEA application, the provider must have an agreement with a participating network provider with a valid DEA and State Controlled Substance Certificate...

Physician Name: Medical License No: State:

ATTESTATION: I certify the information provided by me on this document is true, correct and compete to the best of my knowledge and belief. I understand and agree that any misstatement or omission of information concerning administering, dispensing or the prescribing of controlled substances may constitute grounds for withdrawal of the application for consideration.

Signature: Applicant

Date

Printed Name