BlueCross BlueShield of Oklahoma

Advanced Practice Nurse Prescribing Authority Supplemental Questionnaire

Advanced practice nurses who plan to prescribe controlled substances and who have been granted prescriptive authority by their state licensing board must comply with federal Drug Enforcement Administration and state laws relating to the prescribing of controlled substances.

As per the Federal Controlled Substance Act, a prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, mid-level practitioner or other registered practitioners who are:

- Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice; **and**
- Registered with DEA or exempted from registration; **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 practitioner.

Please respond to the following:

1. Have you been approved by your State Licensure Board (if required) to carry out or sign prescription drug orders and been issued a prescription authorization number? ☐ **Yes** ☐ **No**
2. Do you plan to prescribe controlled substances? ☐ **Yes** ☐ **No**
3. **Oklahoma:** Schedules III-V
   Oklahoma Certified Registered Nurse Anesthetists: Schedule II-V

If no, stop here and attest to this document by signing/dating and returning with the Provider Onboarding Form.

4. If yes, do you possess a state controlled substance certificate with the Oklahoma Bureau of Narcotics and Dangerous Drugs? Submit a copy of your certificate. ☐ **Yes** ☐ **No**

   If no, explain why: _____

   If yes, do you possess a federal controlled substance certificate with the DEA? Submit a copy of your certificate. ☐ **Yes** ☐ **No**

   If no, do you practice in one of the following capacities? If so, you are **automatically exempt** from this requirement and no other explanation is required.

   ☐ Indian Health Service

   ☐ Public Health Service

   ☐ Federal Bureau of Prisons

   ☐ Military Practitioners

   ☐ Organizational DEA (practitioners 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 3 or 4: Please provide the name of the practitioner(s) who will prescribe for patients who need prescriptions for medications requiring a DEA or State Controlled Substance certificate:

Practitioner 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 (in each state where the applicant provider intends to practice) to write prescriptions for the applicant provider until the DEA application has been completed. Please submit a copy of the agreement or letter stating the name of the provider who will be writing prescriptions for the applicant provider. If your DEA or DPS CDS-CSR certificates are pending, list the name and medical license number of a practitioner who will prescribe for you:

Practitioner name _____ **Medical license no.** _____ **State** _____

Attestation: I certify the information provided by me on this document is true, correct and complete 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.

Applicant signature _____ Date _____

Printed name _____