



DEA DESIGNATION FORM

Provider name: _____ NPI: _____

Reference ID Number: _____

If you are required to submit a DEA number and you do not have one, you must take the following action:

1. Enter 123456789 as the DEA certification number on your application; and

2. Select one of the following reasons and complete any blanks:

_____ I am currently working on obtaining a DEA license (it is in process or is still pending) – I have elected _____ as a temporary alternate prescriber to write prescriptions for controlled substances on my behalf until I have a valid certification. Their DEA number is _____.

_____ I elect not to prescribe controlled substances myself but have identified _____ to write these prescriptions on my behalf. Their DEA number is _____.

_____ I do not believe the patients receiving my care require controlled substances. Please state in writing below your process for handling instances when a patient requires a controlled substance. Your **signature** is required on the statement.

EXAMPLE STATEMENT: I do not prescribe controlled substances for my patients. If I determine that a patient may require a controlled substance, I refer the patient to their PCP or to another practitioner for evaluation and management.

Process for Handling Patients Requiring a Controlled Substance

_____ I am in an ACGME accredited training program and do not practice independently and therefore I am not required to have an individual DEA number. (You must update this information when the program is completed.)

3. Upload this form to the Upload Documents page under Status Management when submitting an application.

Physician's signature: _____

Date: _____

Physician's name (print): _____