

DEA/CDS RELEASE

I, _____, NPI # _____ do not hold a DEA/CDS license; therefore, I will not prescribe any Schedule II – V medications while practicing in this state.

Please describe your process for handling instances when a patient requires a controlled substance.

Select **one** of the options below and complete any applicable fields:

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

I am eligible for a DEA or CDS, but do not have a current certificate. Therefore, I have an arrangement in place with the following provider and/or office, who currently holds an active DEA/CDS license:

Provider Signature: _____ Date: _____