

Affidavit for DEA-Eligible Providers Not Prescribing Controlled Substances

Provider Name: _____

Provider NPI: _____

Complete Section A or Section B:

A. I am practicing as a telehealth provider in the following states (must be licensed in each state):

- | | | | | |
|--------------------------------------|------------------------------------|--|---|---|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Guam | <input type="checkbox"/> Massachusetts | <input type="checkbox"/> New York | <input type="checkbox"/> Tennessee |
| <input type="checkbox"/> Alaska | <input type="checkbox"/> Hawai'i | <input type="checkbox"/> Michigan | <input type="checkbox"/> North Carolina | <input type="checkbox"/> Texas |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Idaho | <input type="checkbox"/> Minnesota | <input type="checkbox"/> North Dakota | <input type="checkbox"/> Utah |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Illinois | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Ohio | <input type="checkbox"/> Vermont |
| <input type="checkbox"/> California | <input type="checkbox"/> Indiana | <input type="checkbox"/> Missouri | <input type="checkbox"/> Oklahoma | <input type="checkbox"/> Virgin Islands |
| <input type="checkbox"/> Colorado | <input type="checkbox"/> Iowa | <input type="checkbox"/> Montana | <input type="checkbox"/> Oregon | <input type="checkbox"/> Virginia |
| <input type="checkbox"/> Connecticut | <input type="checkbox"/> Kansas | <input type="checkbox"/> Nebraska | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Washington |
| <input type="checkbox"/> DC | <input type="checkbox"/> Kentucky | <input type="checkbox"/> Nevada | <input type="checkbox"/> Puerto Rico | <input type="checkbox"/> West Virginia |
| <input type="checkbox"/> Delaware | <input type="checkbox"/> Louisiana | <input type="checkbox"/> New Hampshire | <input type="checkbox"/> Rhode Island | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Maine | <input type="checkbox"/> New Jersey | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Georgia | <input type="checkbox"/> Maryland | <input type="checkbox"/> New Mexico | <input type="checkbox"/> South Dakota | |

B. I am DEA-eligible but do not have a DEA certificate and attest to the following: *(select one and provide the required details)*

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.

Other (describe process): _____

The following practitioner is designated to write prescriptions for controlled substances on my behalf:

▪ Name & NPI of Doctor designated to prescribe on my behalf

○ Name: _____

○ NPI: _____