

Identity Proof Verification

Electronic Prescribing of Controlled Substances (EPCS)

Practitioner Name: _____ **Provider ID:** _____

1. Do you have an unrestricted Virginia Medical License (**NOT** a training license)? Yes No
 *If you answer '**No**', please proceed to Question 5. If you answer '**Yes**', please answer Questions 2 - 4.*

2. Please provide your federal DEA registration number associated with your unrestricted Virginia Medical License (if applicable): _____

3. Has your federal DEA Registration or controlled substance license in any state been, or is it in the process of being revoked, suspended, placed on probation, reduced, limited, investigated, modified or relinquished, whether voluntarily or involuntarily, or has your application for a controlled substances registration in any state ever been denied? (to include territories, commonwealths and District of Columbia) Yes No

If Yes, please explain on a separate sheet.

4. Does your federal DEA Registration allow you to prescribe Schedules 2, 2N, 3, 3N, 4, 5? Yes No

If No, please explain. _____

Complete Question 5 ONLY if you DO NOT have an unrestricted Virginia Medical License

5. By initialing here, you are confirming you have received your institutional DEA number from the IFMC GME office and acknowledge that this number is only for use in caring for Inova Health System patients during your residency/fellowship program duties, and not for any other use.

Initial _____

Practitioner Full Legal Name (Print)

Date

Practitioner Signature

FOR OFFICE USE ONLY

IFMC Resident/Fellow

George Washington University Resident/Fellow
 Emergency Medicine
 Psychiatry

MedStar Georgetown Resident/Fellow
 Orthopedics
 Plastic Surgery
 Urology
 Pulm/CC
 Pediatrics
 Emed

Children's National Medical Center
 Trauma
 Urology

UVA Resident
 Anesthesia

National Capital Consortium Resident/Fellow
 Orthopedics Surgery
 Gynecology / Oncology Pulm/CC
 Family Medicine Medicine
 Fem Pelvic & Rec Surg Peds
 Vascular TY
 ENT Anesthesia
 Radiation Oncology

Credentialing Office Signature

Name (Print)

Date