

Dr. \_\_\_\_\_ NPI # \_\_\_\_\_ Date: \_\_\_\_\_

All 3 sections below need to be addressed:

1) DEA

**\*\*\*Please provide a copy of the DEA for each state in which you currently practice.**

- If the provider does NOT hold an active DEA, fill out the grid below with any pending or N/A DEA information:
- *Please note: A DEA copy is needed or DEA waiver must be on file for each state in which you actively practice.*

State	DEA Number	DEA Status	
		In Progress	*No DEA

\*By selecting '\*No DEA' - 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.

2) SDC, if applicable

- **Please provide a copy of the State Drug Certificate for each state in which you currently practice OR fill out the grid below.**

State	State Drug Cert Number	SDC Status			
		Active	In Progress	Inactive	N/A

3) Sedation/Anesthesia

- Please answer the following questions regarding Anesthesia and Sedation.
  1. Is sedation and/or general anesthesia administered in your practice location? **Yes** ☐ **No** ☐  
*If yes, please complete question #2.*
  2. Do you administer sedation and/or general anesthesia? **Yes** ☐ **No** ☐  
*If yes, please complete the grid below with sedation/anesthesia permit details.*

State	Sedation/Anesthesia Number	Permit Details	
		License Type	Expiration Date

3. Do you have healthcare clinicians (DDS/DMD, MD, CRNA) providing sedation/anesthesia on patients you are treating at your practice locations? **Yes** ☐ **No** ☐
4. Please confirm that you comply with and have verified that those providing sedation/general anesthesia on your patients comply with your State's requirements regarding equipment, supplies and training which includes arranging for and ensuring the presence of required personnel who will assist in administering sedation and general anesthesia in your office.

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Dr's Signature