



Medical Staff Services
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www.umm.edu/professionals/medstaff

UMMC CONTROLLED SUBSTANCES PRESCRIBING STATUS

In an effort to document the prescribing intentions of each practitioner at UMMC and to communicate required processes regarding controlled substances privileges, please choose one of the following. Choose 1) if your DEA and/or CDS certificates are pending (be sure to circle which or both), 2) if you do not prescribe controlled substances in Maryland. Sign, date, and return to MedicalStaffOffice@umm.edu, the fax number or address given above.

Name: _____ Date: _____

1) I, _____ attest that **I have applied for** the proper Maryland State CDS & Federal DEA registrations in order to prescribe controlled substances in the State of Maryland. However since my CDS DEA DEA correction/renewal (check pending items) certificate(s) is pending, I understand that until I have supplied the UMMC Medical Staff Services Department with a copy of each **I may not prescribe controlled substances nor perform moderate sedation at UMMC.** In addition I understand that if a patient I am treating, prior to obtaining appropriate registrations, requires controlled substances and/or moderate sedation, I will consult a physician with prescribing privileges and/or the approved privilege to facilitate the order. (Items pending)

2) Requires Approval by Division Chief and/or Chair *(obtained by Medical Staff Services)*

 I, _____ attest that **I do not prescribe controlled substances** nor perform moderate sedation in the State of Maryland and therefore do not require neither a Maryland State CDS nor Federal DEA registrations. The Department of _____ is aware of my prescribing status. In addition I understand that if a patient requires controlled substances, I will consult a physician with prescribing privileges to facilitate the order. I also understand that in the future, if I wish to prescribe controlled substances or perform moderate sedation I must apply for, obtain, & forward to the UMMC Medical Staff Services Department the proper registrations before doing so. (Non-prescribing)

 Applicant's Signature

 Date

#2 Approved by:

 Division Chief (if applicable)

 Date

 Chair, Department of _____

 Date