



1102 S. Hillside / Wichita, KS 67211  
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www.ProviDRsCare.Net

### Controlled Substance Verification Form (Please Print or Type)

APRN Name: \_\_\_\_\_ Provider NPI #: \_\_\_\_\_

Check your APRN Category  Clinical Nurse Specialist  Nurse Midwife  Nurse Practitioner

Attention: The Nurse anesthetist does not have statutory authority to obtain a DEA number.

**Attention: APRN's may choose not to participate in prescribing controlled substances.** Those individuals not wishing to participate do not need to complete and submit this form.

Current Business Address: \_\_\_\_\_

**A change in principal place of business needs to be reported within 10 days.**

Name of Responsible Physician On The Protocol	Physician's Kansas License Number

A Controlled Substance Verification Form must be submitted to the Board for the APRN to prescribe controlled substances. Further, in no case shall the scope of the authority of the APRN to prescribe controlled substances, exceed the normal and customary practice of the responsible physician in the prescribing of drugs. To prescribe controlled substances, the APRN must register with the Drug Enforcement Administration to obtain a DEA number.

The APRN is authorized to prescribe controlled substances as follows based on protocols with responsible physician:

	NONE	ALL	ALL Except Specify
Schedule II			
Schedule IIN			
Schedule III			
Schedule IIIN			
Schedule IV			
Schedule V			

INFORMATION PERTAINING TO DEA REGISTRATION		YES	NO
1. Responsible physician has a current DEA number?			
2. APRN has a current DEA number?			
3. Has the DEA placed restrictions on the responsible physician and/or APRN for prescribing controlled substances in any schedules?			

If the answer is "no" to question 1 or 2, please provide explanation: First Time DEA Applicant

Other: \_\_\_\_\_

If the answer is "yes" to question 3, please provide explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
APRN Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physician's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## MID-LEVEL PRACTITIONER CLINICAL PRACTICE GUIDELINES

APPLICANT

APRN is to mark each procedure being requested.  
 Column 1 may be done by APRN when physician is present.  
 Column 2 may be done by APRN when physician is not present.

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Perform & dictate a complete history		
	Perform & dictate a physical examination		
	Write Progress Notes		
	Dictate discharge summaries		
	Obtain post mortem consents		
	Draw blood specimens		
	Catheterization		
	Perform arterial punctures		
	Venous punctures		
	Determine visual fields		
	Pass nasogastric tubes		
	Perform Pap smears		
	Perform gastric lavage & gavage		
	Perform skin biopsies		
	Perform I & D of superficial abscess		
	Perform venous cutdowns		
	Removal of minor skin lesions		
	Removal of ingrown toenails		
	Assist in surgery		
	Assist in recovery		
	Order inhalation therapy		
	Order IV Fluids		
	Order Medications		
	Order Diet Therapy		
	Order Patient Activities		

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Order X-ray examinations		
	Order Laboratory procedures		
	Order EKG's		
	Order EEG's		
	Order audiometry tests		
	Order ambulance		
	Order physical therapy		
	Order consultations		
	Apply casts		
	Order Isolation		
	Removal of casts		
	Removal of superficial foreign bodies		
	Spinal Tap		
	Thoracentesis		
	Paracentesis		
	Sigmoidoscopy		
	Perform emergency life saving procedures in the presence of life threatening situations such as cardiac or respiratory arrest, massive hemorrhage, etc.		
	Perform intubations		
	Insert central lines		
	Remove central lines		
	Insert transvenous pacemakers		
	Set large bone fractures or dislocations		
	Set small bone fractures or dislocations		
	Code blue team leader		
	Admit patient for physician		
	Removal of foreign body from eye		
	Perform joint aspirations		
	Perform bone marrow aspirations & biopsy		
	Provide intensive care on ambulance		
	Perform laryngoscopy		
	Perform tracheotomy		
	Perform cricothyrotomy		

REQUESTED	PROCEDURES	COLUMN 1	COLUMN 2
	Perform nerve blocks		
	Perform cryocautery, chem. cautery & electrocautery		
	Evaluate & treat emergency room patients (within limits of ability of the care provider)		
	Psychotherapy		
	All nursing procedures		
	Please list below other privileges requested:		

\_\_\_\_\_  
Mid-Level Practitioner Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervising Physician Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Supervising Physician Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date