

Practitioner Certification Form - Electronic Prescribing

Pursuant to §281(7) of the Public Health Law, a practitioner shall not be required to issue prescriptions electronically if he or she certifies to the Department, in a manner specified by the Department, that he or she will not issue more than twenty-five prescriptions during a twelve-month period. Prescriptions in both oral and written form for both controlled substances and non-controlled substances are included in determining whether the practitioner will reach the limit of twenty-five prescriptions. A certification is valid for one year.

Should the practitioner exceed twenty-five prescriptions within the twelve-month period, he or she is required to issue prescriptions electronically or obtain from the Department a waiver from the requirement to electronically prescribe.

Complete Sections I through III.

I. PRACTITIONER INFORMATION - Please Print Legibly

Practitioner Name: _____ License #: _____ Profession: _____

Email: _____ Contact Phone #: (_____) _____

Mailing Address: _____
STREET CITY STATE ZIP

II. PRACTITIONER CERTIFICATION

I certify during the twelve-month period beginning on _____, I will not issue more than twenty-five prescriptions.
MM/DD/YYYY

I will count prescriptions in both oral and written form for both controlled and non-controlled substances toward my limit of twenty-five prescriptions.

False statements made herein are punishable as a class A misdemeanor pursuant to §210.45 of the Penal Law.

Practitioner Signature: _____ Date: _____

Print Name: _____

III. SUBMIT CERTIFICATION

Please email the completed form to narcotic@health.ny.gov with "Certification" in the subject line.
Or, mail to:

**NYS Bureau of Narcotic Enforcement
OPP Registration Unit
Riverview Center
150 Broadway
Albany, NY 12204
FAX: 518-402-1058**