Mississippi State Board of Medical Licensure

Rules and Regulations: Prescribing Controlled Substances in Mississippi
Where Did We Come From

A Self Funded State Agency Created by the Legislature in 1981

Prior to 1981 the Board of Health was responsible for licensure
Our Mission

- Our mission is to ensure the protection of the health, safety and welfare of Mississippians through implementation and enforcement of laws involving the licensing and regulation of physicians, physician assistants, radiology assistants and accupuncturists and through the objective enforcement of the Mississippi Medical Practice Act.
What Do We Do

- Set policies and standards for the practice of M.D., D.O., D.P.M., P.A., R.A., and Acupuncturist
- Consider Application for Licensure
- Investigate alleged violations of the Medical Practice Act
- Conduct Hearings on matters of discipline
Investigative Division

- The investigators are responsible for making inquiries concerning all valid complaints of violations of the Medical Practice Act or rules and regulations of the Board.
- They conduct pharmacy profiling and monitor the legitimate or pharmaceutical drug traffic of D.O., M.D., D.P.M. and P.A. This helps determine if a licensee is prescribing suspicious quantities of controlled substances and also helps identify possible substance abuse problems of a licensee. It often reveals unlawful diversion of drugs by “doctor shopping” patients and other suspicious circumstances.
- 200-300 complaints per year. Average of 35 calendar days to close. 20-40 formal actions by Board per year.
- Hearings must be held in public.
Who Are We

Virginia Crawford, M.D., President, Hattiesburg
Charles D. Miles, M.D., Vice-President, West Point
Rickey L. Chance, D.O., Secretary, Ocean Springs
Claude D. Brunson, M.D., Jackson
John Clay, M.D., Meridian
S. Randall Easterling, M.D., Vicksburg
Ken Lippincott, M.D., Tupelo
William S. Mayo, D.O., Oxford
Ann Rea, M.D., Summit
Wesley Breland, Consumer Committee, Hattiesburg
Major General (Ret.) Erik Hearon, Consumer Committee, Ridgeland
Charles Thomas, Consumer Committee, Yazoo City
My Background
Rules and Regulations
Part 2640 Chapter 1
Rule Pertaining to Prescribing, Administering and Dispensing of Medication

Definitions:

1. Dispensing Physician
2. Pain Management Clinic
3. Pain Management Medical Practice
4. Physician owner(s)/operator(s)
5. Chronic Pain
6. Terminal Disease Pain
7. Bariatric Medicine/Medical Weight Loss Clinic
Dispensing Physician

• Any Physician who shall dispense to a patient for the patient’s use any controlled substance, legend drug or other medication where such medication is purchases by the physician for resale to a patient whether or not a separate charge is made
Pain Management Clinic

- A public or privately owned facility for which the majority (50% or more) of the patients are issued, on a monthly basis, a prescription for opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds or tramadol.
Pain Management Medical Practice

- a public or privately owned medical practice that provides pain management services to patients, a majority (more than 50%) of which are issued a prescription for, or are dispensed, opioids, barbiturates, benzodiazepines, carisoprodol, butalbital compounds, or tramadol for more than one hundred eighty days (180) days in a twelve month period. Excluded from this definition are all licensed hospitals, state health department facilities, federally qualified community health clinics, volunteer clinics, hospice services, outpatient surgical clinics or physician/clinic practice(s) at which the majority of the patients are treated for pain as a result of a terminal illness.
Physician Owner(s)/Operator(s)

- The physician owner(s)/operator(s) of the pain management medical practice must possess and maintain a majority ownership (more than 50%) of the pain management medical practice and shall register the practice with the Board. No physician may practice in a pain management medical practice unless that practice is majority owned (over 50%) by a physician or physicians, unless exempted as listed in the previous slide. A hospital or hospital-system owned pain management practice is exempt from the majority ownership requirement. A physician or medical director who owns, operates or is employed in any pain management medical practice must meet the requirements set forth
Training Requirements for All Physicians in Pain Management Medical Practices
1. Shall have successfully completed a pain residency fellowship or a pain medicine residency that is accredited by the ACGME or the AOA; or
2. board certification by a specialty board recognized by the ABMS or the American Board of Addiction Medicine (ABAM) and hold a subspecialty certification in pain medicine; or
3. board certification by a specialty board recognized by the AOA Bureau of Osteopathic Specialists (BOS) in pain management; or
4. board certification in pain medicine by the American Board of Pain Medicine (ABPM); or
5. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
6. successful completion of 100 hours of in-person, face to face, live participatory AMA or AOA Category 1 CME courses in pain management.

Upon qualifying, physicians must also document completion of 30 hours of live lecture format, Category 1 CME with emphasis in the specific areas of pain management, addiction and/or prescribing of opiates for renewal of a pain practice certificate.
Chronic Pain

- a pain state in which the cause of the pain cannot be removed or otherwise treated and which in the generally accepted course of medical practice, no relief or cure of the cause of the pain is possible or none has been found after reasonable efforts including, but not limited to, evaluation by the attending physician and one or more physicians specializing in the treatment of the area, system, or organ of the body perceived as the source of the pain. Further, if a patient is receiving controlled substances for the treatment of pain for a prolonged period of time (more than six months), then they will be considered for the purposes of this regulation to have “de facto” chronic pain and subject to the same requirements of this regulation.
Terminal Disease Pain

- For the purpose of this rule, “Terminal Disease Pain” is pain arising from a medical condition for which there is no possible cure and the patient is expected to live no more than six (6) months
Bariatric Medicine/Medical Weight Loss Clinic

- A public or privately owned facility for which 30% or more of the patients are provided a comprehensive weight management treatment program. Advertised medical weight loss must include behavior modification, comprehensive nutritional education, exercise or physical therapy intervention, long-term maintenance programs, dispensing and/or prescribing FDA-approved medications as indicated for weight loss on a monthly basis as part of the patient’s treatment plan.

- It is unlawful for any physician in this state to prescribe, dispense or administer any amphetamine or amphetamine-like anorectic and/or central nervous system stimulant classified as Schedule II, pursuant to Section 41-29-115, for the exclusive treatment of obesity, weight control, or weight loss.
• A physician may administer, order, dispense or prescribe controlled substance anorectics in Schedules III, IV and V for the purpose of weight loss in the treatment of obesity only as an adjunct to a regimen of weight reduction based on caloric restriction, provided the physician complies with the following and that all of the following conditions are met:
• An initial comprehensive evaluation is to be conducted by and thoroughly recorded by the prescribing physician and/or mid-level provider prior to the prescribing, ordering, dispensing or administering of any drug. Such evaluation should include a thorough history and thorough physical exam of the patient to include at a minimum:
  1. PMH, PSH, SH, FH, Wt Hx, Dietary Hx, Gyn Hx, ROS, Allergies and Meds
  2. Height, weight, BMI, BP, pulse, % body fat or waist circumference/hip ratio, HEENT, chest, heart, abdomen and extremities
3. Appropriate testing (CBC, comprehensive metabolic profile, lipid profile, thyroid panel, EKG if appropriate)

4. BMI ≥ 30.0 in otherwise healthy or ≥ 27.0 if have at least one associated co-morbidity or current body weight ≥ 120 percent of a well-documented, long standing healthy weight that the patient maintained after the age of 18, or body fat ≥ 30% in females, or body fat ≥ 25% in males, or waist-hip circumference such that the individual is known to be at increased cardiovascular and/or co-morbidity risk because of abdominal visceral fat, or presence of a co-morbidity condition or conditions aggravated by the patient's excessive adiposity.

5. **Absolute contraindications** of Schedule III or IV anorectic drugs for purposes of weight loss management are pregnancy, breast feeding, or severe allergic reactions to these medications. **Relative contraindications** of Schedule III and IV anorectics for the purpose of weight loss management are uncontrolled bipolar, uncontrolled epilepsy, uncontrolled hypertension, episodic tachyarrhythmia, excessive stimulation, history of substance abuse, severe anticholinergic effects, such as, extreme dryness of mouth or unmanageable constipation should be addressed with physician prior to starting weight loss medications. Schedule III and IV anorectics can be used in conjunction with any other medications deemed safe by the physician.
• Do not initiate or discontinue utilizing controlled scheduled weight loss medication if the patient is in active detoxification and/or withdrawal from an addictive substance/alcohol

• cannot prescribe, order, or dispense controlled substances greater than a 30 day supply

• Conduct an in-person reevaluation once every 30 days. A recording of weight, BMI, BP, pulse, and/or any other test which may be necessary for monitoring potential adverse effects of drug therapy should be completed at each visit. Once medically established goals have been met for an individual patient, it is strongly recommended that reduced dosing and drug holidays be implemented for those patients who need maintenance medication

• Continuation of the prescribing, ordering, dispensing, or administering of controlled substances in schedule III, IV or V should occur only if the patient has continued progress toward achieving or maintaining medically established goals and has no significant adverse effects from the medication.
• Any off-label use of any medication that does not have Food and Drug Administration approval for use in the treatment of weight loss is prohibited. Thyroid hormone, diuretics, vitamin B₁₂, B₁, B₂, B₆, methionine, choline, inositol, chromium picolate and human chorionic gonadotropin are examples of medications that may not be used in the sole treatment of weight loss and are not inclusive examples. Off-label use of medication that does not have Food and Drug Administration approval for the sole use and treatment of weight loss is prohibited in individual practice or allowing off-label use by midlevel providers will result in discipline by the Board. (Non FDA approved supplements may be used in the overall treatment of weight loss.)
Maintenance of Records and Inventories

- All inventory records for controlled substances in Schedules II and IIN must be maintained separately from the inventory records for Schedules III, IIIN, IV and V controlled substances. To insure the reliability of an inventory, the physician shall maintain a readily retrievable record of controlled substances purchased, including a copy of all purchase invoices identifying the name, quantity and strength/dose of the controlled substance purchased, the supplier and the date purchased.

- Every physician who shall dispense or administer Schedules II, IIN, III, IIIN, IV and V controlled substances shall maintain a separate readily retrievable record of all such substances dispensed or administered. This requirement shall not apply to Schedules III, IIIN, IV and V prepackaged samples and starter packs. All dispensation/administration records for controlled substances in Schedules II and IIN must be maintained separately from the dispensation/administration records for Schedules III, IIIN, IV and V controlled substances.
The record shall contain the following information:

A. The date the controlled substance was dispensed or administered.
B. The name, quantity and strength/dose of the controlled substance dispensed or administered.
C. The method of administration of the controlled substance, i.e. oral, IV or subcutaneous.
D. The name and address of the patient to whom the controlled substance was dispensed or administered.
E. For all Schedules II and III amphetamines, amphetamine-like anorectic drugs, or sympathomimetic amine drugs dispensed in the treatment of narcolepsy, hyperkinesis, brain dysfunction, epilepsy, or depression, the dispensing or administration records shall include the diagnosis and the reason for use of the Schedules II and III controlled substances.
A physician who prescribes, dispenses or administers a controlled substance shall maintain a complete record of his or her examination, evaluation and treatment of the patient which must include documentation of the diagnosis and reason for prescribing, dispensing or administering any controlled substance; the name, dose, strength, quantity of the controlled substance and the date that the controlled substance was prescribed, dispensed or administered.

No physician shall prescribe, administer or dispense any controlled substance or other drug having addiction-forming or addiction-sustaining liability without a good faith prior examination and medical indication therefore.
What constitutes a “Good Faith Examination”

In order for a physician to achieve a proper diagnosis and treatment plan, a history and physical examination consistent with the nature and complaint are necessary. Then record the results. There must me a medical indication for an Rx. The importance of these aspects of proper medical practice cannot be overemphasized.
Managing Patients with Chronic Pain

• A physician may prescribe, administer, or dispense controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability to a person in the usual course of treatment of that person for a diagnosed condition causing chronic pain.

• Notwithstanding any other provisions of these rules, as to the prescribing, administration, or dispensation of controlled substances in Schedules II, IIN, III, IIIN, IV and V, or other drugs having addiction-forming and addiction-sustaining liability, use of said medications in the treatment of chronic pain should be done with caution. A physician may administer, dispense or prescribe said medications for the purpose of relieving chronic pain, provided that the following conditions are met:
1. Before initiating treatment utilizing a Schedules II, IIN, III, IIIN, IV or V controlled substance, or any other drug having addiction-forming and addiction-sustaining liability, the physician shall conduct an appropriate risk/benefit analysis by reviewing his or her own records of prior treatment or review the records of prior treatment which another treating physician has provided to the physician, that there is an indicated need for long-term controlled substance therapy. Such a determination shall take into account the specifics of each patient’s diagnosis, past treatments and suitability for long-term controlled substance use either alone or in combination with other indicated modalities for the treatment of chronic pain. This shall be clearly entered into the patient medical record and shall include consultation/referral reports to determine the underlying pathology or cause of the chronic pain.
2. Documentation in the patient record shall include a complete medical history and physical examination that indicates the presence of one or more recognized medical indications for the use of controlled substances.

3. Documentation of a written treatment plan which shall contain stated objectives as a measure of successful treatment and planned diagnostic evaluations, e.g., psychiatric evaluation or other treatments. The plan should also contain an informed consent agreement for treatment that details relative risks and benefits of the treatment course. This should also include specific requirements of the patient, such as using one physician and pharmacy if possible, and urine/serum medication level monitoring when requested.

4. Periodic review and documentation of the treatment course is conducted at reasonable intervals (no more than every six months) with modification of therapy dependent on the physician’s evaluation of progress toward the stated treatment objectives. This should include referrals and consultations as necessary to achieve those objectives.
• Pain management contract
• Only one physician prescribes controlled substances
• Use only one pharmacy for controlled RX
• No requests for early refills
• Urine screens
• Periodic review of treatment plan
• Mississippi Prescription Monitoring Program
Name and Address of the Patient

Rx

Only one controlled substance at a time

Number to be dispensed

Directions for use

Dispense as written  Substitution permitted

Refills?
Every dispensing physician, as defined above, who shall dispense a controlled substance, legend drug or any other medication shall insure that all such substances dispensed be labeled containing the following information:

A. The name of the patient to whom the medication was dispensed.
B. The date that the medication was dispensed.
C. The name, strength and quantity of the medication.
D. Direction for taking or administering the medication.
E. The name and address of the physician dispensing the medication.

The label required by this rule shall be written in legible handwriting or typed and shall be permanently affixed to the package or container in which the medication is dispensed. This labeling requirement shall not apply to prepackaged samples or starter packs in their original packages or containers.

No physician may delegate dispensing authority to another person. A physician must personally dispense the medication. For the purpose of this regulation, “personally dispense” shall mean the physician must actually obtain the medication, prepare, count, place the same into the appropriate container and affix the appropriate label to the container.
Chronic Pain

March 15, 2016- As part of the U.S. government’s urgent response to the epidemic of overdose deaths, the Centers for Disease Control and Prevention (CDC) today is issuing new recommendations for prescribing opioid medications for chronic pain, excluding cancer, palliative, and end-of-life care. The CDC Guideline for Prescribing Opioids for Chronic Pain, United States, 2016 will help primary care providers ensure the safest and most effective treatment for their patients.

http://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1er.htm?s_cid=rr6501e1er_w
Street Prices

Controlled Substance Abuse and Diversion

- Hydrocodone 7.5mg/325 $5
- Hydrocodone 10mg $10
- Adderall 20mg $7
- Adderall 30mg $8
- Soma 350mg $3
- Oxycodone $1 per mg (15mg-$10, 30mg-$30, 8 mg-$80)
- Valium 5mg $5
- Xanax 2mg $7.50
- Subutex 8mg $25
- Ultram $1
- Percocet 10mg $5
- Promethazine w. Codeine $70 per ounce
# APPENDIX C

**ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY—SAMPLE**

*Demerol 50mg/ml Inj. (1ml)*

**Drug Name and Strength (One drug per page)**

## Physician Name: Dr. Doolittle

<table>
<thead>
<tr>
<th>Patient Name or Drug Company and Invoice Number</th>
<th>Patient Address</th>
<th>Date Dispensed/Order Rec.</th>
<th>Amount Admin./Dispensed</th>
<th>Amount Ordered &amp; Received</th>
<th>Total On Hand</th>
<th>Comments/method of Disp. IV / IM / PO</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>XYZ Drug Company</td>
<td>Invoice #00001</td>
<td>12/1/00</td>
<td>N/A</td>
<td>5</td>
<td>5</td>
<td>Initial inventory of Stock on hand BOB or COB (Beginning of Business)</td>
<td>CM</td>
</tr>
<tr>
<td>John Doe</td>
<td>112 Shady Lane, Jackson MS</td>
<td>02/05/01</td>
<td>50mg</td>
<td>N/A</td>
<td>4</td>
<td>IM</td>
<td>CM</td>
</tr>
<tr>
<td>Jane Roe</td>
<td>43 Easy Street, Jackson MS</td>
<td>03/07/01</td>
<td>50mg</td>
<td>N/A</td>
<td>3</td>
<td>IM</td>
<td>CM</td>
</tr>
<tr>
<td>Mo Joe</td>
<td>1004 Foraker Ave., Pearl MS</td>
<td>05/09/01</td>
<td>50mg</td>
<td>N/A</td>
<td>2</td>
<td>IM</td>
<td>JW</td>
</tr>
<tr>
<td>Flo Joe</td>
<td>1004 Foraker Ave., Pearl MS</td>
<td>09/15/01</td>
<td>25mg</td>
<td>N/A</td>
<td>1</td>
<td>IM (.5ml wasted)</td>
<td>CM / JW</td>
</tr>
<tr>
<td>Jack Sprat</td>
<td>#4 Grand Boulevard, Brandon MS</td>
<td>12/01/01</td>
<td>50mg</td>
<td>N/A</td>
<td>0</td>
<td>CM</td>
<td>CM</td>
</tr>
<tr>
<td>XYZ Drug Company</td>
<td>Invoice #00002</td>
<td>12/12/01</td>
<td>N/A</td>
<td>5</td>
<td>5</td>
<td>Addition to inventory</td>
<td>CM</td>
</tr>
<tr>
<td>John Doe</td>
<td>(not necessary to repeat address on same page)</td>
<td>01/15/02</td>
<td>50mg</td>
<td>N/A</td>
<td>4</td>
<td>IM</td>
<td>JW</td>
</tr>
<tr>
<td>Jane Roe</td>
<td>03/02/02</td>
<td>50mg</td>
<td>N/A</td>
<td>3</td>
<td>IM</td>
<td>JW</td>
<td></td>
</tr>
<tr>
<td>Moe Joe</td>
<td>06/15/02</td>
<td>50mg</td>
<td>N/A</td>
<td>2</td>
<td>IM</td>
<td>JW</td>
<td></td>
</tr>
<tr>
<td>Flo Joe</td>
<td>11/22/02</td>
<td>50mg</td>
<td>N/A</td>
<td>1</td>
<td>IM</td>
<td>JW</td>
<td></td>
</tr>
<tr>
<td>N/A</td>
<td>N/A</td>
<td>12/01/02</td>
<td>N/A</td>
<td>N/A</td>
<td>1</td>
<td>DEA Biennial Inventory of Stock on hand (BOB or COB)</td>
<td>CM</td>
</tr>
<tr>
<td>Jack Sprat</td>
<td>01/05/03</td>
<td>50mg</td>
<td>N/A</td>
<td>0</td>
<td>IM</td>
<td>CM</td>
<td></td>
</tr>
</tbody>
</table>
# APPENDIX D

ADMINISTRATION/DISPENSATION LOG AND PERPETUAL INVENTORY

**Drug Name and Strength (One drug per page)**

<table>
<thead>
<tr>
<th>Drug Name and Strength</th>
<th>One drug per page</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>Patient Name or Drug Company and Invoice Number</th>
<th>Patient Address</th>
<th>Date Dispensed/Order Rec.</th>
<th>Amount Admin/Dispensed</th>
<th>Amount Ordered &amp; Received</th>
<th>Total On Hand</th>
<th>Comments/method of Disp. IV / IM / PO</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Initial Inventory of Stock on hand</td>
<td></td>
</tr>
</tbody>
</table>

**Page ____ of ____**
# Pain Practice Application for Registration

## Appendix E

### Primary Physician Owner / Operator Information

Please mark with N/A if not applicable

<table>
<thead>
<tr>
<th>Primary Owner / Primary Operator Name (as listed on MS Medical License)</th>
<th>MS Medical License #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEA Controlled Substance Registration Number</th>
<th>NPI Number</th>
<th>National Provider Identifier</th>
<th>Federal Tax ID Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pain Practice Address</th>
<th>Email address</th>
<th>Phone Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documentation of ownership:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Sole Proprietor - IRS Tax Form 1040, Schedule C</td>
<td></td>
</tr>
<tr>
<td>□ Corporation - IRS Tax Form 1120 or 1120S, Federal &amp; State</td>
<td></td>
</tr>
<tr>
<td>□ Partnership - IRS Tax Form 1065</td>
<td></td>
</tr>
<tr>
<td>□ Other document (Physician Ownership)</td>
<td></td>
</tr>
<tr>
<td>□ ON FILE (Updated documents will be required every two years beginning 2014)</td>
<td></td>
</tr>
</tbody>
</table>

| This pain practice is not physician owned, this is a practice owned by a licensed hospital, state health department facility or a federally qualified community health clinic, volunteer clinic, a hospice service, or out-patient surgical clinic. (As listed in Rule 1.15 A.5, Please specify type.) |

## Practice Type:

<table>
<thead>
<tr>
<th>Facility Name, Administrator &amp; Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### Training

Part 2640, Chapter 1, Rule 1.15. H Training Requirements for All Physicians Practicing in Pain Management Medical Practices. Effective July 1, 2014, physicians who have not met the qualifications set forth in subsections (1) through (5) below, shall have successfully completed a pain residency fellowship or a pain medicine residency that is accredited by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA). All physicians prescribing or dispensing controlled substance medications in pain management practices registered by the Board must meet one (1) of the following qualifications:

1. board certification by a specialty board recognized by the American Board of Medical Specialties (ABMS) or the American Board of Addiction Medicine (ABAM) AND hold a subspecialty certification in pain medicine;
2. board certification by a specialty board recognized by the American Osteopathic Association Bureau of Osteopathic Specialists in pain management;
3. board certification in pain medicine by the American Board of Pain Medicine (ABPM);
4. successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, or neurosurgery and approved by the ACGME or the AOA; or
5. successful completion of 100 hours of in-person, live participatory AMA or AOA Category 1 CME courses in pain management. Only hours obtained in the last two years (July 1, 2013 - June 30, 2015) will be considered.

Please provide copies of certificates for board certification and/or certificates of completion for CME, Residency or Fellowships. *NOTE - 15 hours of live lecture format, Category 1 CME in pain management is required for every
MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE
PAIN PRACTICE APPLICATION FOR RENEWAL

Primary Physician Owner Information
Please mark with N/A if not applicable

<table>
<thead>
<tr>
<th>Primary Owner / Operator Name (as listed on MS Medical License)</th>
<th>MS MEDICAL LICENSE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain Practice Certificate #</td>
<td>DEA Controlled Substance Registration Number</td>
</tr>
<tr>
<td></td>
<td>NPI Number National Provider Identifier</td>
</tr>
<tr>
<td></td>
<td>Federal Tax ID Number</td>
</tr>
</tbody>
</table>

Pain Practice Address
Email address
Phone Number(s)

Documentation of ownership:
- ON FILE (Updated documents will be required every two years beginning 2014) If the appropriate forms had not been provided on initial application for registration, include with this renewal. Failure to provide documentation could delay certificate.

Not physician owned
Practice Type:
Examples: Licensed Hospital State Health Dept clinic, etc.

Facility Name, Administrator & Contact Information

Please provide copies of certificates of completion for any board certification and/or certificates of completion for CME, Residency or Fellowships. *NOTE - 15 hours of live lecture format, Category 1 CME in pain management is required for every year of pain practice (July 1, 2014 to June 30, 2015). Title 30, Part 2640, Chapter 1, Rule 1.15. H.

** The main topic of required CME courses should be specific to the practice of Pain Medicine. **

DOCUMENT LIST FOR RENEWAL

- Provide copy of ownership documentation if any changes in ownership had occurred since issuance of Pain registration certificate expiring 06/30/2015.
- Provide copy of ownership documentation if you had not submitted the required IRS Tax form when making initial application.
- If you do not have the appropriate IRS Tax form please submit explanation in writing.
- Provide copies of certificates of completion for the required CME for pain medicine for each practicing physician and physician assistant employed or contracted in this practice.
- DEA certificates of all health professionals with prescriptive authority that have been added to this practice.
- Training certificates for new physicians and physician assistants added to the this practice.
- Report all changes in collaborative practices with Nurse Practitioner and/or Physician Assistant.
Questions?