Controlled Substance Verification Form

(Please Print or Type – all information must be completed prior to submission)

☐ Initial Application  ☐ Change

APRN Name: ___________________________ Kansas APRN License Number: ______

Kansas RN License Number: ___________________________ Expiration Date ______

Check your APRN Role: [ ] Clinical Nurse Specialist [ ] Nurse Midwife [ ] Nurse Practitioner [ ]

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.

Business Address (must include street address) ___________________________

________________________________________________________________________

A change in principal place of business or responsible physician needs to be reported within 10 days to Board office.

<table>
<thead>
<tr>
<th>Name of Responsible Physician On The Protocol</th>
<th>Physician’s Kansas License Number</th>
<th>Physician Signature/Date</th>
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(Attach additional pages if needed)

The APRN is authorized to prescribe controlled substances as follows based on protocols with responsible physician ("NONE" or "ALL" must be checked for each schedule listed)

<table>
<thead>
<tr>
<th>Schedule II</th>
<th>NONE</th>
<th>ALL</th>
<th>All Except (Specify)</th>
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<tbody>
<tr>
<td>Schedule IIN</td>
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<td>Schedule III</td>
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<td>Schedule IIII</td>
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<td>Schedule IV</td>
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<td>Schedule V</td>
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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 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: ___________________________

_________________________________________  ________________________________
Signature                                      Date

Official Use Only: ☐ Complete ☐ Incomplete ☐ DEA Verification

Information for APRN’s Regarding DEA Numbers

Federal Law allows an advance practice registered nurse to obtain a DEA number. K.S.A. 65-1130 requires that written protocol be followed when prescribing, administering, or supplying a prescription.

An advance practice registered nurse in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, and amendments thereto, does not have authority to prescribe medication in Kansas.

NEW APPLICATION INSTRUCTIONS

I. Complete the Application for Registration Under Controlled Substances Act of 1970 (Form -224) available from the DEA at www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html. You can complete the application on-line or print the application.

II. Complete the Controlled Substance Verification Form (CSVF) – available in the forms section at www.ksbn.org. You may not prescribe controlled substances in Kansas until you provide the CSVF to Kansas State Board of Nursing and obtain a DEA number.

1. Mark ‘Initial Application’ box. Enter your name as it reads on your license
2. Enter your Kansas RN License Number and expiration date
3. Enter your Kansas APRN License Number
   • Do not enter your national specialty certification number
   • If your Kansas APRN license is pending; KSBN will verify the number when we receive the request from DEA
4. Enter your business address (street number and name, not a P.O. Box)
5. Enter responsible physician(s) on the protocol
6. Enter physician’s Kansas license number
7. Check scheduled drugs that match what you put on the DEA form–224
8. Check (yes) or (no) to the questions pertaining to DEA registration;
9. Sign and date your application
10. Request each physician to sign and date next to their name
11. Do NOT send a copy of your collaborative agreement with this form
12. Do NOT send a copy of your DEA number with this form
13. Return the CSVF to Kansas State Board of Nursing at the address above. You can also fax the form to (785) 296-3929 to the attention of the Education Secretary. Call (785) 296-3782 for questions about the Controlled Substance Verification Form.

Reporting Changes:

In addition to the changes that you must report to the DEA, you are also required to submit changes in your responsible physician to KSBN within 10 days (they do not need to be reported to the DEA unless there is change in business address).