

**DESIGNATING AGENT OF PRACTITIONER FOR COMMUNICATING
CONTROLLED SUBSTANCE PRESCRIPTIONS TO PHARMACIES**

SAMPLE FORM

**(Reformatted by the Indiana State Medical Association)
(May be Customized)**

Source: U.S. Drug Enforcement Administration, Department of Justice, "Role of Authorized Agents in Communicating Controlled Substance Prescriptions to Pharmacies (Statement of Policy)," 75 Fed. Reg. 61613-61617, Oct. 6, 2010.

Instructions from DEA:

- Individual practitioners may choose to designate and authorize one or more persons at one or more locations within or outside their practice to act as their agent.
- An individual may act as an authorized agent for multiple individual practitioners depending upon the circumstances.
- A practitioner may or may not wish to delegate all of these types of authorized communications to a particular agent - this agreement may be tailored accordingly.
- The agreement should be clear that the agent may not further delegate the outlined responsibilities.

(Name of registered individual practitioner)

(Address as it appears on certificate of registration)

(DEA registration number)

I, _____ (name of registrant), the undersigned, who is authorized to dispense (including prescribe) controlled substances in Schedules II, III, IV, and V under the Controlled Substances Act, hereby authorize _____ (name of agent), to act as my agent only for the following limited purposes:

1. **To prepare, for my signature**, written prescriptions for controlled substances in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05).
2. To convey to a pharmacist by telephone **oral prescriptions** for controlled substances in Schedules III, IV, and V in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05).
3. To transmit by **facsimile** to a pharmacy prescriptions for controlled substances in those instances where I have expressly directed the agent to do so and where I have specified to the agent the required elements of the prescription (set forth in 21 CFR 1306.05) and I have signed the prescription.

The undersigned DEA-registered individual practitioner and the undersigned agent both understand and agree as follows:

- This authorization is not subject to further delegation to other persons.
- The practitioner is solely responsible for making all medical determinations relating to prescriptions for controlled substances communicated by the agent pursuant to this agreement, and for ensuring that all such prescriptions conform in all other essential respects to the law and regulations.
- The undersigned agent does not have authority to make any medical determinations.
- The prescribing practitioner must personally communicate all Schedule II emergency oral prescriptions to the pharmacist.
- The agent may not call in an emergency oral prescription for a Schedule II controlled substance on behalf of the practitioner.

This agency agreement shall be terminated immediately if and when any of the following occur:

1. The undersigned practitioner no longer possesses the active DEA registration specified in this agreement.
2. The undersigned agent is no longer employed in the manner described in this agreement.
3. The practitioner or the agent revokes this agency agreement by completing the revocation section at the end of this document or by executing a written document that is substantially similar to the revocation section at the end of this document.

(Signature of practitioner)

I, _____ (name of agent), hereby affirm that I am the person named herein as agent and that the signature affixed hereto is my signature. I further affirm that I am a _____ (title), licensed in the State of _____, (where applicable) and (if applicable) am employed by/under contract with _____ (name of employer or contracting entity). I agree to abide by all the terms of this agreement and to comply with all applicable laws and regulations relating to controlled substances.

(Signature of agent)

(State license number of agent where applicable)

(Name of employer/contracting entity where applicable)

(Address of employer/contracting entity where applicable)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of _____ (month) _____, (year), at

_____.

Revocation

The foregoing agency agreement is hereby revoked by the undersigned. The agent is no longer authorized to communicate Schedule II, III, IV and V controlled substance prescriptions to a pharmacy on my behalf. A copy of this revocation has been given to the agent this same day.

(Signature of registered practitioner revoking power)

Witnesses:

1. _____

2. _____

Signed and dated on the _____ day of _____ (month) _____, (year), at

_____.

DEA further recommends:

1. Provide a signed copy to the practitioner's designated agent, the agent's employer (if other than the practitioner), and any pharmacies that regularly receive communications from the agent pursuant to the agreement.
2. If the agreement is revoked, the terminating party should notify the other party immediately, as well as any pharmacies that were originally made aware of the agreement.
3. If the agent changes employment, in most circumstances the agreement should be revoked.
4. The original signed agency agreement should be kept by the practitioner during the term of the agency relationship and for a period of two years after termination or revocation.