

# Drug Enforcement Agency (DEA) waiver

Please complete all sections of the DEA Waiver Form in its entirety, document cannot be saved. Approximate length of time to complete is five minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

**DEA is currently in process**

**DEA is registered out of state**

**1. DEA waiver form:**

Complete **each** section of the form with indication Not Applicable (N/A) where appropriate. Please include an explanation in the Comment Section describing the changes you are requesting.

- Once DEA is approved please notify [dentalproviderrelations@usablelife.com](mailto:dentalproviderrelations@usablelife.com).
- Registration to the [Arkansas Prescription Monitoring Program \(PMP\)](#) is required to remain eligible to participate in the Arkansas Blue Cross and Blue Shield network.

**2. Attach photocopies of the following:**

- ✓ IRS Form W-9 with

Any questions may be directed to [dentalproviderrelations@usablelife.com](mailto:dentalproviderrelations@usablelife.com). You will receive a letter confirming your effective date.

**\*This form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.**

# Drug Enforcement Agent (DEA) waiver controlled substance registration

Non-prescribing providers who have prescriptive authority may be credentialed without a DEA License. In these cases the applicant must submit the signed and dated waiver. Please complete the information below, sign, date and fax it to **501-208-8302**. You can also scan and e-mail the completed form to [dentalproviderrelations@usablelife.com](mailto:dentalproviderrelations@usablelife.com).

## Non-prescribing provider

If you are a non-prescribing provider and your license allows you prescriptive authority, you may be credentialed without a DEA. Please use the spaces below to explain why you do not prescribe and the name of the provider who will prescribe for your patients.

- This certifies that I will not prescribe/dispense medications. This statement will remain in effect until I provide a valid Federal DEA Certificate.

Provider signature	NPI	Date of signature
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- I do not prescribe medications for the following reason(s)

- The following provider will prescribe medications for my patients.

Provider name	NPI
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## DEA in process

If your application for your DEA is currently being processed, please send a copy of your DEA application and the name of the provider who will be prescribing for your patients until you have received your DEA. Please be sure to provide us with your DEA number when you have completed the process.

- I have applied for my Federal DEA Certificate on \_\_\_\_\_  
Date

Provider signature	NPI	Date of signature
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- The following provider will prescribe medications for my patients.

Provider name	NPI
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