

## **PRACTITIONERS**

### **STATEMENT OF PRESCRIBING, DISPENSING AND STORING**

*A state controlled substances registration is a prerequisite for Federal controlled substances registration.*

*For Illinois Providers: The State of Illinois requires that every person who prescribes and/or stores and dispenses any controlled substances within the State of Illinois first obtains a license issued by the IL Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or dispensed.*

*For Missouri Providers: The State of Missouri requires that no person may prescribe or dispense any controlled substance without first obtaining a registration issued by the Missouri Department of Health and Senior Services, Bureau of Narcotics and Dangerous Drugs (BNDD).*

For all Practitioners who do not prescribe (or write orders) for controlled substances and will not dispense or store controlled substances in their practice **OR** for practitioners who are not authorized by state law to prescribe controlled substances as part of his/her medical or advanced nursing practice, the hospital requires a statement from the Practitioner affirming that a State controlled substance registration/license is not required for his/her professional practice. Accordingly, if you are *not obtaining nor required to obtain* a State controlled substance Registration, please complete the following statement:

**I HEREBY ACKNOWLEDGE AND AFFIRM THAT DURING MY PERIOD OF APPOINTMENT/MEMBERSHIP OR PROVIDER STATUS, I WILL NOT PRESCRIBE, STORE OR DISPENSE CONTROLLED SUBSTANCES AS PART OF MY PRACTICE INCLUDING THOSE PATIENTS UNDER MY CARE AT THE HOSPITAL OR OTHER FACILITY.**

Indicate your practicing Jurisdiction (all):                     Illinois                     Missouri

Practitioner name: \_\_\_\_\_  
*(Printed)*

Signature: \_\_\_\_\_

Specialty: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:**

*If you choose to begin prescribing/ordering of controlled substances, you must first obtain the controlled substances license registration, submit a copy to the BJC PDMC at [PDMC@bjc.org](mailto:PDMC@bjc.org), and notify the applicable Medical Staff Office prior to your ordering or prescribing for patients at the hospital.*