**ESP Access to Narcotics Module on Operative IQ Request Form**

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| --- | --- | --- | --- |
| **Staff Name** |  | | |
| **Staff ID** |  | | |
| **Please answer all following questions:** | | | |
| **Is the clinician DOH licensed?** |  | **Please enter DOH license #** |  |
| **Has the clinician completed and passed the Advanced Medication Management Course?** |  | | |
| **Is the clinician due for a renewal of Advanced Medication Management Course?** |  | | |
| **Are there any restrictions on the clinician handling Narcotics and Controlled Drugs?** |  | | |
|  |  | | |
| Pharmacist Name |  | | |
| Pharmacist Signature |  | | |
| MD Name |  | | |
| MD Signature |  | | |
| Stamp and Date |  | | |