

# NEW YORK STATE DEPARTMENT OF HEALTH

## Practitioner Certification Form - Electronic Prescribing

Pursuant to §281(7) of the Public Health Law, a practitioner shall not be required to issue prescriptions electronically if he or she certifies to the Department, in a manner specified by the Department, that he or she will not issue more than twenty-five prescriptions during a twelve-month period. Prescriptions in both oral and written form for both controlled substances and non-controlled substances are included in determining whether the practitioner will reach the limit of twenty-five prescriptions. A certification is valid for one year.

Certifications postmarked or submitted to the Department by July 1, 2016, may be specified to begin as of March 27, 2016. Such certifications remain valid through March 26, 2017.

**Should the practitioner exceed twenty-five prescriptions within the twelve-month period, he or she is required to issue prescriptions electronically or obtain from the Department a waiver from the requirement to electronically prescribe.**

### Complete Sections I through III.

I. PRACTITIONER INFORMATION - <i>Please Print Legibly</i>	
Practitioner Name: _____	License #: _____ Profession: _____
E-mail: _____	Contact Phone # ( _____ ) _____ - _____
Mailing Address: _____	_____
<i>Street</i>	<i>City</i> <span style="float: right;"><i>State</i> <i>Zip</i></span>
II. PRACTITIONER CERTIFICATION	
I certify during the twelve-month period beginning on _____, I will not issue more than MM/DD/YYYY twenty-five prescriptions. I will count prescriptions in both oral and written form for both controlled and non-controlled substances toward my limit of twenty-five prescriptions.	
Practitioner Signature _____	Date _____
Print Name _____	
<i>False statements made herein are punishable as a class A misdemeanor pursuant to §210.45 of the Penal Law.</i>	
III. SUBMIT CERTIFICATION	
Please email the completed form to <a href="mailto:narcotic@health.ny.gov">narcotic@health.ny.gov</a> with "Certification" in the subject line. Or, mail to:	
<b>NYS Bureau of Narcotic Enforcement OPP Registration Unit Riverview Center 150 Broadway Albany, NY 12204 FAX: 518-402-1058</b>	