

Practitioner EPCS Registration

Amendments to Title 10 NYCRR Part 80 Rules and Regulations on Controlled Substances, adopted on March 27, 2013, authorize a practitioner in New York State to issue an electronic prescription for controlled substances (EPCS) in Schedules II through V. The practitioner must comply with all other State and federal requirements for issuing a prescription for a controlled substance as specified in Article 33 of the Public Health Law, Title 10 of the NYCRR and Title 21 of the Code of Federal Regulations. Pursuant to 10 NYCRR §80.64(b), a practitioner shall use an electronic prescribing application that is consistent with federal requirements to process electronic prescriptions for controlled substances and shall register the certified electronic prescribing computer application that will be used with the New York State Department of Health (Department), Bureau of Narcotic Enforcement. The federal security requirements for EPCS are included in the Drug Enforcement Administration Interim Final Rule, 21 CFR §1300 et seq., and can be accessed via the following link: http://www.deadiversion.usdoj.gov/ecommm/e_rx/.

To issue electronic prescriptions in compliance with New York State rules and regulations, this registration and attestation must be completed. The attestation herein cannot be completed unless federal requirements have been met, including identity proofing of the practitioner and receipt of two-factor authentication. Please return the completed Practitioner EPCS Registration form and attestation to the email address provided below. A copy of your DEA certification or third party audit approving your electronic prescribing software application must be available for inspection by Department personnel.

Practitioner Name _____

**A Physician's Assistant must attach a list of their Supervising Physician(s) with their corresponding NYS license number and DEA registration number*

NYS License Number _____ DEA Number for NYS _____

Practitioner Email Address _____

Practitioner Telephone Number _____

Name of Certified E-prescribing Software Application _____ Software Version Certified _____

Name of Software Application Provider (Company Name) _____

Attestation: I affirm that I have received a DEA certification or third party audit that the electronic prescribing software application listed above meets federal security requirements for issuing electronic prescriptions for controlled substances. I have met all federal security requirements, including identity proofing and receipt of two-factor authentication as required for Electronic Prescribing of Controlled Substances.

If I become aware or am notified of any issues which render the software application non-compliant with federal regulations or if I switch to a different software application, I will not use the application to issue electronic prescriptions for controlled substances until all federal requirements are met and the application has been registered. When the software is once again compliant, I will register the new certification with the Bureau of Narcotic Enforcement.

Practitioner Signature _____ Date ____/____/____

Print Name _____

Please email the completed form to narcotic@health.state.ny.us with "Practitioner EPCS Registration" in the subject line.

**NYSDOH/Bureau of Narcotic Enforcement
Practitioner EPCS Registration
Riverview Center
150 Broadway
Albany, NY 12204**