

## PHYSICIAN ASSISTANT / NURSE PRACTITIONER / CERTIFIED NURSE MIDWIFE CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY DELEGATION FORM

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substances under my/our MI				,			
<ul><li>□ Cadillac Hospital</li><li>□ Charlevoix</li><li>□ Grayling Hospital</li><li>□ Kalkaska Memorial Healtl</li></ul>	□ No: □ Ots	sego Memorial Ho	ry Center □ ospital □	West Shore Medic Other Other Other			
<ul> <li>PA/NP/CNM must have ar</li> <li>DEA registration is not need</li> <li>Schedule II prescriptions i</li> <li>NP/CNM cannot issue Sch</li> </ul>	cessary for inpatier ssued for the disch	nt hospital medic narge of a patient	al orders. are limited to a	maximum 7-day su	ıpply.		
The following additional limita  ☐ None  ☐ Prescriptive authority is n  ☐ Prescriptions may not be  ☐ At all times, the delegatin  ☐ Other	ot delegated for So written for quantiti g prescriber will be	es exceeding a _ e contacted verba	da ally before preso	-	substance		
PA/NP/CNM SIGNATURE: $\_$				DATE:			
		MI LICENSE #: DEA #:					
MI LICENSE #:			DEA #:				
	1		DEA #:				
	1	DEA#		NATURE	DATE		
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MI LICENSE #:  DELEGATING PHYSICIAN(S)	1						
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This document must be processed upon initial credentialing/delegation and reviewed/renewed annually (or as required by law) thereafter, and in the interim if privileges or supervisory relationships are amended. Physician should sign/date to evidence review. Prescribing may not be delegated for a woman known to be pregnant with the intention of causing miscarriage or fetal death.