

NURSE PRACTITIONER/CERTIFIED NURSE MIDWIFE CONTROLLED SUBSTANCE PRESCRIPTIVE AUTHORITY DELEGATION FORM

_____, is hereby delegated the authority to prescribe controlled substances under my/our MI Controlled Substance license(s) effective: _____ at the location indicated below:

- | | | |
|--|--|--|
| <input type="checkbox"/> Cadillac Hospital | <input type="checkbox"/> Kalkaska Memorial Health Center | <input type="checkbox"/> Paul Oliver Memorial Hospital |
| <input type="checkbox"/> Charlevoix Hospital | <input type="checkbox"/> Manistee Hospital | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Copper Ridge Surgery Center | <input type="checkbox"/> Munson Medical Center | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grayling Hospital | <input type="checkbox"/> Otsego Memorial Hospital | <input type="checkbox"/> Other _____ |

NOTE

- NP/CNM must have an individual DEA mid-level registration to prescribe under delegation.
- DEA registration is not necessary for inpatient hospital medical orders.
- Opioid prescriptions for acute pain are limited to a 7-day supply within a 7-day period.
- NP/CNM cannot issue Schedule II prescriptions in quantities greater than 90-day supply.
- Delegating physician must maintain a copy of this authorization at the physician's primary place of practice.
- Delegating physician must provide a copy of the signed authorization to the NP/CNM.

The following additional limitations apply:

- None
- Prescriptive authority is not delegated for Schedule II controlled substances
- Prescriptions may not be written for quantities exceeding a _____ day duration
- At all times, the delegating prescriber will be contacted verbally before prescribing a controlled substance
- Other _____

NP/CNM SIGNATURE: _____ **DATE:** _____

MI LICENSE # _____ **DEA #** _____

DELEGATING PHYSICIAN(S)	MI LICENSE #	DEA # & MI CS LICENSE #	SIGNATURE	DATE

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.