HURLEY MEDICAL CENTER

DELEGATION AGREEMENT OF PRESCRIBING CONTROLLED SUBSTANCES

In conformance with Act No. 499 Public Acts of 2016, House Bill no. 5400. Approved by the Governor January 5, 2017, Filed with the Secretary of State January 9, 2017. Effective Date: April 9, 2017

_____ NP/CNM
Name (Please Print)

Define which of the following settings (1-3) you will be prescribing controlled substances:

☐ 1. I **will not** be prescribing controlled substances. Signature_____Date_____
- **Stop, there is no need to complete rest of form.**

☐ 2. I **will be** prescribing controlled substances for patients **during their hospital stay only.**
- Complete this delegation form in detail (DEA # is not required)
- Signature_____ Date _____

☐ 3. I **will be** prescribing controlled substances **in any or all settings; inpatient, outpatient, and/or at discharge.**
- Complete this delegation form in detail and **attach a copy of your DEA certificate**
- Signature _____ Date _____

The undersigned do hereby testify to the provisions set forth and agree to the stipulations outlined above.

The physician(s) signed below hereby delegate the prescribing of controlled substances listed in schedules 2 to 5 to _____NP/CNM, effective _____ to 12/31/2018.

Entered into this _____ day of _____, _____ in agreement with the following physician(s).

Physician (print or type)	**Physician's Signature**	**DEA Number**	**Michigan License Number**

_____ NP/CNM _____ _____
Clinical Practitioner DEA Number (only if #3 above) MI License Number

Written authorization shall be maintained in each office setting where delegation occurs. This agreement is to be updated **annually** as required by law. For consistency purposes, December 31st of each year shall be the designated annual renewal regardless of the original date of authorization or date of amendment.

cc: Supervising Physician
NP/CNM Department
Pharmacy
Medical Staff Office