UNIVERSITY OF MARYLAND MEDICAL SYSTEM
UNIVERSITY OF MARYLAND MEDICINE

Medical Staff Services

29 S Greene Street, Room 420
Baltimore, MD 21201
Main: (410) 328-2902
Fax: (410) 328-6433

UMMS CDS PRESCRIBING STATUS

In an effort to document your prescribing intentions at UMMS and communicate required processes regarding CDS privileges please choose one of the following. Choose 1) if you do not prescribe CDS in Maryland, choose 2) if your DEA and/or CDS certificates are pending (be sure to circle which or both). Sign, date, and return to the fax number or address given above.

1)____I, _____ attest that I do not prescribe controlled substances nor perform conscious sedation in the state of Maryland and therefore do not require a Maryland State CDS nor Federal DEA registrations. The department of _____ is aware of my prescribing intentions. In addition I understand that if a patient requires CDS I will consult a physician with prescribing privileges to facilitate the order. I also understand that, in the future, if I wish to prescribe controlled substances or perform moderate sedation I must apply for, obtain, & forward to the UMMS Medical Staff Services department the proper registrations before doing so. *(Non-prescribing)*

2)____I, _____ attest that I have applied for the proper Maryland state CDS & Federal DEA registrations in order to prescribe controlled substances in the state of Maryland. However since my CDS / DEA/ DEA correction *(circle pending item)* *certificate(s) is pending I understand that until I have supplied UMMS Medical Staff Services with a copy of each I may not prescribe controlled substances nor perform moderate sedation at UMMC. In addition I understand that if a patient I am treating, prior to obtaining appropriate registrations, requires CDS and/or moderate sedation I will consult a physician with prescribing privileges and/or the approved privilege to facilitate the order.* *(Items pending)*

_____
Name

_____
Date