

Date: [Date]

To: [Name of Credentialing Authority/Software Vendor]

Subject: Electronic Prescribing of Controlled Substances (EPCS) Authorization

Dear Registration Committee,

This letter serves as formal authorization for the following practitioner to be granted Electronic Prescribing of Controlled Substances (EPCS) privileges within the [Name of Electronic Health Record/Software] system at [Practice/Clinic Name].

Practitioner Information:

- Full Name: [Practitioner Full Name]
- Title/Credential: [e.g., MD, DO, NP, PA]
- State Medical License Number: [License Number]
- DEA Registration Number: [DEA Number]
- NPI Number: [NPI Number]
- Email Address: [Practitioner Email]

I, [Name of Authorizing Official], acting as the [Title, e.g., Chief Medical Officer/Practice Manager], verify that the identity of the practitioner listed above has been confirmed in accordance with DEA requirements. I authorize this practitioner to sign and transmit prescriptions for controlled substances electronically.

This authorization shall remain in effect until further notice or until the practitioner's affiliation with [Practice/Clinic Name] is terminated.

Sincerely,

[Signature of Authorizing Official]
[Printed Name of Authorizing Official]
[Title]
[Practice/Clinic Name]
[Phone Number]