

## UCSF Affiliate ID Proofing DEA e-Prescribing Verification Form

(Fax completed form to 415-885-7445, or secure email to [ePCSIDproofing@ucsf.edu](mailto:ePCSIDproofing@ucsf.edu))

<b>Affiliate Verifier</b>	<b>Verifying affiliate agent employee name:</b>			
	<b>Job Title:</b>			
	<b>Affiliate Organization:</b>		<b>Phone:</b>	
	<b>Attestation Statement:</b>	I attest that the below named provider(s) have presented valid government identification, and that I have completed an in-person visual verification that the(se) presented provider(s) match the photos upon their valid government issued identification.		
	<b>Signature:</b>		<b>Date:</b>	

<b>UCSF Verifier</b>	<b>Verifying agent/UCSF Health employee name:</b>			
	<b>Job Title:</b>			
	<b>Employee ID Number:</b>		<b>Phone:</b>	
	<b>Attestation Statement:</b>	I attest that the below named provider(s) have presented valid government identification, and that I have completed an in-person visual verification that the(se) presented provider(s) match the photos upon their valid government issued identification.		
	<b>Signature:</b>		<b>Date:</b>	

**Providers requiring ID proofing**

<b>Provider Name:</b>		<b>DEA Certificate Number:</b>	
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Please do not write below this line. For Office of Medical Affairs and Governance processing only:

- I verify that a copy of all providers being ID Proofed have appropriate current identification attached.
- I verify that all providers being ID proofed have a current DEA certificate registered within California.
- I have verified this provider has a current professional license in California.
- I have entered this into ECHO to complete this process for downstream flagging in APEX.

Verifying agent/UCSF employee name:		Date:	
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