

Office of Medical Affairs and Governance

Credentialing & Privileging • Health Plan Enrollment • Governance 3333 California St, Suite S1-10, Box 1639 San Francisco, CA 94118 415.885.7268 (phone) | 415.885.7445 (fax)

Center at Parnassus Hospital and Clinics

UCSF ID Proofing DEA e-Prescribing Verification Form

(Fax completed form to 415-885-7445, or email to ePCSIDproofing@ucsf.edu)

Ve	erifying agent/UCSF	
Health employee name:		
Job Title:		
Employee ID Number:		Phone:
Limployee is realiser.		
Attestation Statement:		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.
	Signature:	Date:
_ آ م	Provider Name:	Provider ID
		Number:
	Department/Division	on: Identification type verified/attached:
֓֞֞֞֝֞֞֓֞֓֓֓֞֓֓֓֓֓֓֞֓֓֓֓֞֓֓֞֓֓֓֞֜֞֜֓֓֞֜֞֜֞֓֡֓֞֝	Provider Name:	Provider ID Number:
0	Department/Division	
5	Provider Name:	Provider ID
	Department/Division	Number: Identification type
- 1		verified/attached:
) 5 [Provider Name:	Provider ID
		Number:
5 5 6	Department/Division	on: Identification type verified/attached:
eas	e do not write below	this line. For Office of Medical Affairs and Governance processing only:
	l I verify that a copy	y of all providers being ID Proofed have appropriate current identification attached.
	•	oviders being ID Proofed currently have a valid DEA certificate with Schedules 2, 2N, 3,
	3N, 4, and 5.	
 I have verified this provider has a <u>current professional license in California</u>. I have entered this into ECHO to complete this process for downstream flagging in APEX. 		
Verifying agent/UCSF Employee name:		
L/O		UCSF Benioff Children's UCSF Bakar UCSF Medical Center UCSF Medical Langley Porter Psychiatric

Hospital – San Francisco | Cancer Hospital | at Mount Zion