UCSF ID Proofing DEA e-Prescribing Verification Form

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

Verifier

Verifying agent/UCSF Health employee name:	
Job Title:	
Employee ID Number:	**Phone:**
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:**

Providers requiring ID proofing

Provider Name:		**Provider ID Number:**	
Department/Division:		**Identification type verified/attached:**	

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Office of Medical Affairs & Governance

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 currently have a valid DEA certificate with Schedules 2, 2N, 3, 3N, 4, and 5.**
- ❑ **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:**	