

UCSF ID Proofing DEA e-Prescribing Verification Form

For providers primarily practicing in **San Francisco**, please fax the completed form to 415.885.7445 or email to epcsIDproofing@ucsf.edu.

For providers primarily practicing at **BCH Oakland**, please fax the completed form to 510.925.2200 or email to medical.staff-oakland@ucsf.edu.

For providers with **privileges in both locations**, return to either of the above.

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. I also understand that I may be required to validate my ID proofing workflow process to the DEA for any provider which I've completed ID proofing at UCSF.		
Signature:		Date:	

Providers requiring ID proofing

Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	
Provider Name:		DEA Certificate Number:	

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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Medical Affairs & Governance or BCHO Medical Staff Office