



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500
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ALTERNATE SUPERVISING PHYSICIAN

SUPERVISION – This section is to be completed by your alternate supervising physicians.

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION IN DELPROS

ALTERNATE SUPERVISING PHYSICIAN			
Name: _____ Specialty: _____			
Name of Primary Practice: _____			
Location of Primary Practice: _____			
Street (No PO Box!)			
_____		DE	_____
City		State	Zip
DE Controlled Substances Registration Number: _____ Federal DEA Number: _____			
Check the schedules the PA is authorized to prescribe: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V			
Are you delegating authority to request and issue professional controlled legend medication samples? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Signature of Supervising Physician _____ Date _____			

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