

Official New York State Prescription Registration

Section 281 of the NYS Public Health Law (PHL) requires all prescriptions (both for controlled substances and non-controlled substances) written in New York State be issued on an Official New York State Prescription form. This PHL requires that practitioners renew their registration and register their e-prescribing systems with the Department. A practitioner must first register with the Department of Health to receive their official prescriptions free of charge. Per Part 910 of Title 10 NYCRR, a practitioner's registration shall be valid for a period of two years.

NEW Registration, complete and sign this form and the Prescription Order Form to obtain the Official New York State Prescriptions.

RENEWAL Registration, complete and sign this form and return prior to the last day of the month in which your registration expires.

NOTE: Drug Enforcement Administration (DEA) Numbers

If you have a DEA #, your prescriptions may only be shipped to your DEA address and this address will be imprinted on your prescriptions. If you need to change your DEA registered address, contact the DEA at 877-883-5789 or on-line at www.dea diversion.usdoj.gov. Obtain confirmation of updated DEA address and then submit a copy of your revised DEA registration with this application form.

If you do not have a DEA #, you are required to have your Affirmation notarized. Please submit completed Acknowledgement section below. Your prescriptions will be shipped to your Primary Practice Office address and this address will be imprinted on your prescriptions.

AN INCOMPLETE FORM WILL NOT BE PROCESSED

Practitioner's Name

Last _____ First _____ MI _____

Profession _____ Specialty [see back] _____

NYS License Number _____

DEA Registration Number [if applicable] _____

NPI Number [Individual] [if applicable] _____

Physician Assistant must attach a completed DOH-5054 form (<https://www.health.ny.gov/forms/doh-5054.pdf>).

Practitioner's Address

[If DEA registered, enter address as it appears on your DEA registration. If Non-DEA Registered, enter address of your primary practice office.]

Street _____

City _____ State **NY** Zip Code _____

Practitioner's Contact Information

[Please include your fax number, Practitioner's contact and business e-mail addresses for Bureau communications.]

Phone Number (____) _____ - _____ Fax Number (____) _____ - _____

Practitioner's Contact E-Mail Address _____ @ _____

Practitioner's Business E-Mail Address _____ @ _____

AFFIRMATION FOR ALL PRACTITIONERS

Under penalty of perjury, I affirm that the statements herein are true.

Signature (Original Ink Only) _____ Date _____

Print Name _____

ACKNOWLEDGEMENT FOR PRACTITIONERS WITHOUT DEA NUMBERS (Notary signature and stamp required)

ss: On the ____ day of _____, in the year ____ before me, the undersigned, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in the City of _____, State of _____.

PLEASE MAIL COMPLETED FORM(S) TO ADDRESS BELOW

NYSDOH/Bureau of Narcotic Enforcement
Official Prescription Program – Registration Unit
Riverview Center
150 Broadway
Albany, NY 12204

You may fax or e-mail completed forms to:
518-402-1058 or
narcotic@health.ny.gov
For more information, call 866-811-7957

SPECIALTIES

Aerospace
Allergy/Immunology
Anesthesiology
Cardiology
Cardiovascular Disease
Child Neurology
Child Psychiatry
Clinical Pathology
Colon And Rectal Surgery
Dental Anesthesiologist
Dermatology
Dermatopathology
Diagnostic And Roentgenology (Competence Nuclear Radiology)
Diagnostic Radiology
Emergency Medicine
Endodontist
Family Practice
Forensic Pathology
General Dentist
General Preventive Medicine
General Surgery
Gynecologic Oncology
Hemodialysis
Hospitalist
Internal Medicine
Medical Genetics
Medical Microbiology
Medical Oncology
Medicine (Endocrinology)
Medicine (Gastroenterology)
Medicine (Hematology)
Medicine (Infectious Diseases)
Medicine (Nephrology)
Medicine (Pulmonary Diseases)
Medicine (Rheumatology)
Neurological Surgery
Neurology (Not Child)
Neuromusculoskeletal Medicine & Omm
Nuclear Medicine
Obstetrics And Gynecology
Obstetrics And Gynecology (Maternal - Fetal Medicine)
Obstetrics And Gynecology (Reproductive Endocrinology)
Ophthalmology
Oral Pathologist
Oral Surgeon
Orthodonture
Orthopedic Surgery
Osteopathic Manipulative Medicine (Omm)
Otolaryngology
Parenteral Conscious Sedation (Dentist)
Pathology (Anatomic And Clinical)
Pathology (Anatomic)
Pathology (Blood Bank)
Pathology (Chemical Pathology)
Pathology (Dermatopathology)
Pathology (Hematology)
Pathology (Neuropathology)
Pediatric Allergy
Pediatric Cardiology
Pediatric Critical Care
Pediatric Endocrinology
Pediatric Gastroenterology
Pediatric Hematology Oncology
Pediatric Infectious Disease
Pediatric Neonatal -Perinatal Medicine
Pediatric Nephrology
Pediatric Otolaryngology
Pediatric Pulmonology
Pediatric Surgery
Pediatrics
Pedodontist
Periodontist
Physical Medicine And Rehabilitation
Plastic Surgery
Preventive Aerospace Medicine
Preventive Occupational Medicine
Preventive Public Health
Prosthodontist
Psychiatry (Not Child)
Psychiatry And Neurology
Public Health Dentist
Radioisotopic Pathology
Radiologist Oncology
Radiology
Radiology (Medical Nuclear Physics)
Therapeutic Radiology
Thoracic Surgery
Urology
Veterinarian
Other Specialty