

Application for Addition of Provider to VA Computer System – Pharmacy

Information gathered will be used to add prescribers to VA computer system so that medications may be ordered. For VA paid providers, this will take place after appropriate credentialing has taken place.

Name (print):	
Signature:	
Address:	
City:	State: Zip:
Phone:	
Date of Birth Month:	Date: Year:
DEA#: <input type="checkbox"/> No personal DEA# (If you have a personal DEA #, you must provide for identification purposes)	
SSN#: <input type="checkbox"/> Male <input type="checkbox"/> Female	
NPI#:	
Type of Prescriber: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> CPS	
Specialty (internal medicine, surgery, dermatology, etc):	
Are you a resident physician? <input type="checkbox"/> No <input type="checkbox"/> Yes Type of residency:	
Internal: <input type="checkbox"/> Credentialing Complete _____ Fee Basis: <input type="checkbox"/> Check State Licensing Board _____ <input type="checkbox"/> Check LEIE http://exclusions.oig.hhs.gov <input type="checkbox"/> Check DEA# http://www.dea diversion.usdoj.gov/	VA#: _____

