

Modification of Registration Physician Assistant/Advance Practice Nurse

Please complete below form. Each supervising physician delegating prescriptive authority must complete and sign form.

Name	TX DPS Registration Number	Board license number	
Business Street Address	DEA Registration Number		
City	State	Zip	Telephone Number
Signature	Date Signed		

Supervising Physician Delegating Prescriptive Authority

If you are changing Physicians please include a note as to which Physicians you would like to remove from your registration along with their DPS number.

Last,	First	Middle	MD/DO
Texas License Number	TX DPS Registration Number		
Signature of Supervising Physician		Date Signed	

Last,	First	Middle	MD/DO
Texas License Number	TX DPS Registration Number		
Signature of Supervising Physician		Date Signed	

Last,	First	Middle	MD/DO
Texas License Number	TX DPS Registration Number		
Signature of Supervising Physician		Date Signed	

Supervising Physician Delegating Prescriptive Authority

Last,	First	Middle	MD/DO
-------	-------	--------	-------

Texas License Number	TX DPS Registration Number
----------------------	----------------------------

Signature of Supervising Physician	Date Signed
------------------------------------	-------------

Last,	First	Middle	MD/DO
-------	-------	--------	-------

Texas License Number	TX DPS Registration Number
----------------------	----------------------------

Signature of Supervising Physician	Date Signed
------------------------------------	-------------

Last,	First	Middle	MD/DO
-------	-------	--------	-------

Texas License Number	TX DPS Registration Number
----------------------	----------------------------

Signature of Supervising Physician	Date Signed
------------------------------------	-------------

Last,	First	Middle	MD/DO
-------	-------	--------	-------

Texas License Number	TX DPS Registration Number
----------------------	----------------------------

Signature of Supervising Physician	Date Signed
------------------------------------	-------------

Mail to: Controlled Substances Registration
 Texas Department of Public Safety
 PO Box 4087
 Austin TX 78773-0438

Or Fax to: 512-424-5799

Further Questions: 512-424-2188