

## Profile - CSP.0064316

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This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider. Please direct questions and comments about this profile to: Connecticut Department of Public Health, Physician Profiles, 410 Capitol Ave., M.S. 12 APP, P.O. Box 340308, Hartford, CT 06134-0308, [oplc.dph@ct.gov](mailto:oplc.dph@ct.gov).

Name MARI BENTLEY  
Credential CSP.0064316

## Waiver Instructions

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### READ THIS

This short questionnaire is provided by the Department of Consumer Protection, Drug Control Division:

- IGNORE the note referring to the Department of Public Health. Due to system and legal requirements this note is shown.
- DO NOT CONTACT the Department of Public Health concerning this questionnaire. All questions should be referred to the Drug Control Division.
- THIS IS NOT PART OF YOUR PUBLISHED PROFILE: This information will only be used to understand which practitioners may apply for waivers for any electronic prescribing requirements.
- QUESTIONS: Contact the Department of Consumer Protection, Drug Control Division at [DCP.DrugPractitioners@ct.gov](mailto:DCP.DrugPractitioners@ct.gov).

This questionnaire has been sent to you to assist you with the waiver process for Public Act 17-131, Sec. 3. This section requires all prescribing practitioners with a controlled substance registration to transmit controlled substance prescriptions electronically to the pharmacy in accordance with the standards set forth by the Drug Enforcement Administration. One exemption to the requirement is if the practitioner demonstrates that they do not have the "technological capacity" to prescribe electronically, in which case they can apply for an exemption with the Department of Consumer Protection's Drug Control Division. This questionnaire will serve as the application for exemption from the electronic transmission of controlled substance prescriptions.

"Technological Capacity" is defined as a computer system, hardware or device that can be used to electronically transmit controlled substances prescriptions consistent with the requirements of the Drug Enforcement Administration.

Please answer the following questions to the best of your ability based on your current situation

## Electronic Prescribing Waiver Questionnaire

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1. What is the nature/type of your medical practice? (Please select any of the following choices as they pertain to your practice)  
Group practice
2. Do you have access to a computer at your practice location(s)?  
Yes
3. Are you currently capable of sending Electronic Prescriptions for Controlled Substances that comply with Drug Enforcement Administration standards at all of the locations where you practice? (Answering "No" to this question would not exempt you from sending Electronic Prescriptions for Controlled Substances from locations that are capable of sending electronic prescriptions. If you are able to send Electronic Prescriptions for Controlled Substances that are compliant with the law you MUST do so for controlled substances.)  
No/Not Sure

## Waiver Request

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4. At this time do you wish to request a waiver from any requirement that Controlled Substance Prescriptions be submitted electronically?  
Yes

## Waiver Review

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