

**Renewal - CSP.0069817**

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Name	VANITA KUMAR
Credential	CSP.0069817

**Fee Details**

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Late Fee	\$10.00
Renewal Fee	\$40.00
	<b>\$50.00</b>

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**Start Instructions**

**PAYMENT INSTRUCTIONS -To continue processing your renewal, please click "Next" below (read the rest of this information first).**

On the review screen, click **"Add to Invoice."**

On the top right of the invoice screen, select **"Pay Invoice"**.

**PLEASE NOTE THAT WHEN ENTERING YOUR CREDIT CARD NUMBER, DO NOT ENTER SPACES OR DASHES AS IT WILL RESULT IN A FAILED TRANSACTION.**

Thank you for using the online system.

**Mailing Address Update**

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1. Please update any changes to your mailing address:

**Affirmation**

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2. Have you been convicted of a felony since the date of your last renewal?  
No

**Disciplinary History (Renewal)**

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3. Has any Federal or State registration and/or license held by the applicant been surrendered, revoked, suspended, limited, denied or is any such action pending since your last application?  
No

**Classification**

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For purposes of this question, classification is the applicant type not where drugs will be prescribed or where the applicant works.

4. Provide your controlled substance registration classification  
Practitioner

**Practice Site**

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The practice site address is important because it permits a practitioner to prescribe, store, administer and dispense controlled substances at a specific location. The Controlled Substance Registration for Practitioners is location specific.

IMPORTANT: A separate application would be required for each practice site.

5. This practice site address will appear on your certificate. Please follow the instructions carefully for proper display.

- TYPE IN CAPITAL LETTERS
- Enter your individual name under "Name".
- For address type, select "Practice Site".

- Enter the facility name under "Attention".
- Provide your practice site physical address.

NOTE: This address must be a physical address and cannot be a PO Box.

Name	Address Type	Attention	Address	Country	Alternate Email Address
Vanita Kumar MD	Practice Site		345 Whitney Ave New Haven, CT 06511	UNITED STATES	

### Professional Information (Renewal)

6. Provide your Federal DEA number (if applicable)

7. A National Provider Identifier or NPI is a unique 10-digit identification number issued to health care providers in the United States by the Centers for Medicare and Medicaid Services (CMS).

Provide your National Provider Identifier number (if applicable):

1639249832

8. Is this application to register as a Medical Director at a Long-Term Care Facility?

No

### Active Medical License

9. Is your CT Department of Public Health issued license currently active?

Yes

### Prescription Monitoring Program Registration

The Department of Consumer Protection administers the Connecticut Prescription Monitoring and Reporting System (CPMRS). The CPMRS collects prescription data for Schedule II through Schedule V drugs into a centralized database, which can then be used by healthcare providers and pharmacists in the active treatment of their patients.

Connecticut law requires all prescribing practitioners to register with the CPMRS.

10. Are you registered for the Connecticut Prescription Monitoring and Reporting System (CPMRS)?

Yes

### Data Collection Registration

Some practitioners provide the actual controlled substance medication directly to the patient as opposed to providing a prescription (excluding samples). This is considered dispensing. "Dispense" means those acts of processing a drug or device for delivery or for administration for a patient pursuant to a prescription consisting of: (A) Comparing the directions on the label with the directions on the prescription to determine accuracy; (B) the selection of the drug or device from stock to fill the prescription; (C) the counting, measuring, compounding or preparation of the drug or device; (D) the placing of the drug or device in the proper container; (E) the affixing of the label to the container; and (F) the addition to a written prescription of any required notations. "Dispense" does not include the acts of delivering a drug or device to a patient or of administering the drug or device to the patient;

12. Do you dispense or will you be dispensing controlled substance medication from your practice or other locations?

Yes

13. I hereby acknowledge that I understand that if I dispense Controlled Substances from my practice I am required to upload the dispensing information to the PMP Data Collection website <https://pmpclearinghouse.net/>.

**Please Note: Failure to register and upload data into the data collection site may result in civil penalties or action against your Controlled Substance (CSP) registration.**

Yes

14. I understand that Sec. 21a-254 of the C.G.S. requires that after July 1, 2016 any practitioner that dispenses a controlled substance (writing a prescription is not considered dispensing) shall report the dispensing to the electronic prescription monitoring program (<https://pmpclearinghouse.net/>) immediately upon, but in no event later than the next business day. Veterinarians that dispense controlled substances shall continue to report to the electronic prescription monitoring program at least weekly.

Yes

15. I understand that Sec. 21a-254 of the C.G.S. requires that prior to prescribing a controlled substance that is greater than a seventy-two (72) hour supply, my authorized agent/delegate or I, shall review the patient's record in the electronic prescription monitoring program.

Yes

16. I understand that Sec. 21a-254 of the C.G.S. requires that when I prescribe a controlled substance, other than a Schedule V nonnarcotic controlled substance, for continuous or prolonged treatment of any patient, my authorized agent/delegate or I, shall review, not less than once every ninety (90) days, the patient's record in the electronic prescription monitoring program.

Yes

17. I understand that Sec. 21a-254 of the C.G.S. requires that when I prescribe a schedule V nonnarcotic controlled substance, for the continuous or prolonged treatment of any patient, my authorized agent/delegate or I, shall review, not less than annually, the patient's records in the electronic prescription monitoring program.

Yes

### Electronic Prescribing of Controlled Substances

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Public Act 17-131, Section 3, requires Electronic Prescribing of Controlled Substances (EPCS) starting on January 1, 2018 for all controlled substances. In addition to improving efficiency, this will help stop prescription fraud with fewer opportunities to duplicate or modify paper prescriptions.

18. Will you be capable of sending Electronic Prescriptions for Controlled Substances that comply with the Drug Enforcement Administration standards at all of the locations where you practice or intend to practice?

Yes

If you answered "no" to this question, you will have to fill out a waiver for Electronic Prescribing of Controlled Substances after completing this application and payment. To fill out a waiver, follow the steps below:

1. **After you submit this application, DO NOT log out** of the [www.elicense.ct.gov](http://www.elicense.ct.gov) website
2. Scroll down to the "More Online Services" section of the website and click on "Practitioner Profile"
3. Answer the 4 questions in the questionnaire (if you answer yes to questions 2 and 3 you will not need to answer question 4)
4. Press the "Publish Online Profile" button on the bottom left side to complete the waiver request. (If you select "Yes" to the request for a waiver you are automatically approved.)

More detailed instructions and Frequently Asked Questions can be found [here](#).

### Fee Exempt

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19. Is the applicant an officer or employee of a Federal, State or Municipal Government agency who is exempt from payment of the registration fee?

No

### Email Confirmation

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IMPORTANT - Please be advised that the Connecticut Department of Consumer Protection will be issuing certificates via email. You will receive an electronic copy of your certificate within a few days of completing this transaction.

After you complete this transaction, please select the 'My Account' link at the top right of the homepage and make sure that you have the appropriate email address for receiving your certificate.

Thank you.

### Attestation - Renewal

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20. I attest under the penalties of the Connecticut General Statutes, Sections 53a-157b that the information provided in this application is the truth to the best of my knowledge.

Yes

### Review

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