

Application - CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER

Name	VANITA KUMAR
Credential	CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER

Fee Details

Initial Registration Fee	\$40.00
	\$40.00

Start Instructions

PAYMENT INSTRUCTIONS -To continue processing your payment, please 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.

Application Confirmation

Pursuant to Public Act 18-40, all application fees are non-refundable and non-transferable.

What You Should Know Before You Begin:

- This application should not be used to reinstate or renew an existing license. Contact dcp.online@ct.gov for further instructions.
- Please be sure you are not submitting a duplicate application for a license you already hold or one that is pending. You can verify pending applications by searching the applicant's name at <https://www.elicense.ct.gov/Lookup/LicenseLookup.aspx>
- Please be sure you have read all instructions and requirements regarding eligibility before submitting this application.
- The fee which accompanies an application covers the cost of reviewing and processing that specific application, it cannot be refunded, even if the applicant is found ineligible.

1. Do you understand and agree to these terms and wish to proceed with this application?

Yes

Address Information

2. Make any changes to your address

Do not enter a PO Box here. A separate mailing address should be used for a PO Box.

Address 1: 200 Cabrini Blvd

Address 2: Apt 91

City: New York

State: NY

Zip Code: 10033

Country: UNITED STATES

Telephone Number: 6464561428

3. Make changes to or add your mailing address

Practice Site

The practice site address is important because it permits a practitioner to 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.

4. Provide the practice site name and address if different than your current primary address on the previous page.

Enter your name under "Name".

For address type, select "Practice Site".

Enter the facility name under "Attention".

Name	Address Type	Attention	Address	Country	Alternate Email Address
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Applicant Information

5. Provide your date of birth

6. Select gender

Female

7. Are you a United States

citizen?Yes

Social Security

The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application cannot be processed.

8. Social Security Number: (no dashes)

Professional Information

10. Provide your CT Department of Public Health issued medical license number

61740

11. Provide your Federal DEA number (if applicable)

12. 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

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

No

14. If certified by a specialty board approved by the American Board of Medical Specialties (ABMS), indicate the name of the specialty or specialties.

Family Medicine

Classification

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

15. Provide your controlled substance registration classification

Practitioner

Drug Schedules

16. Will you prescribe controlled substances designated on Schedule I?

No

17. Will you prescribe controlled substances designated on Schedule II?

Yes

18. Will you prescribe controlled substances designated on Schedule III?

Yes

19. Will you prescribe controlled substances designated on Schedule IV?

Yes

20. Will you prescribe controlled substances designated on Schedule V?

Yes

Disciplinary History

21. 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?

No

Criminal History

22. Has the applicant ever been convicted of any criminal charge under Federal or State controlled drug laws?

No

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.

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

No

Prescription Monitoring Program Registration - Required

24. I understand that I am required to register for the Connecticut Prescription Monitoring and Reporting System (CPMRS) once my Connecticut Controlled Substance Registration has been issued.

Yes

Electronic Prescribing of Controlled Substances

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.

31. 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 website
2. Scroll down to the "More Online Services" section of the website and click on "Practitioner Profile"
3. Answer the four 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 Exemption

32. Are you an officer or employee of a Federal, State or Municipal Government Agency?

No

Attestation

36. 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
