



Modification of Registration Physician Assistant/Advance Practice Nurse

APPLICANT INFORMATION				
Last Name:	First Name:	Middle Initial:	Suffix: (IF ANY)	<input type="radio"/> PA <input type="radio"/> APN
Date of Birth: MM / DD / YYYY		Social Security Number: - -		
Email Address:				
CSR Number:			Expiration Date: MM / DD / YYYY	
Current Board License Number:			Expiration Date: MM / DD / YYYY	
Current Federal (DEA) Registration Number:			Expiration Date: MM / DD / YYYY	
Current National Provider Identifier (NPI) (IF Any):				
Business Address: (Physical Address required, if using a P.O. Box)				
City:	State:	ZIP + 4:	-	County:
Phone Number Type: <input type="radio"/> Office <input type="radio"/> Cell <input type="radio"/> Home		Number: () - ext.		International Phone #: <input type="radio"/> Yes <input type="radio"/> No
Applicant: _____		Date: MM / DD / YYYY		
(Signature)		(Printed Name)		

Supervising Physician(s) Delegating Prescriptive Authority

Please indicate if you are adding or removing Physician(s). Each Physician must select the drug schedule(s) to be delegated by physician.

SUPERVISING PHYSICIAN INFORMATION <input type="radio"/> Add <input type="radio"/> Remove			Note: Physician must be registered with TMB for prescriptive authority.	
Last Name:	First Name:	Middle Initial:	Suffix: (IF ANY)	
Medical Board Number:			Expiration Date: MM / DD / YYYY	
CSR Number:			Expiration Date: MM / DD / YYYY	
DRUG SCHEDULES (Select all that apply)				
<input type="radio"/> (2) SCHEDULE II, NARCOTIC <input type="radio"/> (2N) SCHEDULE II, NON-NARCOTIC		<input type="radio"/> (3) SCHEDULE III, NARCOTIC <input type="radio"/> (3N) SCHEDULE III, NON-NARCOTIC		<input type="radio"/> (4) SCHEDULE IV <input type="radio"/> (5) SCHEDULE V
"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above."				
Supervising Physician: _____		Date: MM / DD / YYYY		
(Signature)		(Printed Name)		

*Please use additional pages for additional Supervising Physicians (complete only if necessary)

PA / APN Last, First & Middle Name:	CSR Number: Expiration Date: MM / DD / YYYY
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SUPERVISING PHYSICIAN INFORMATION <input type="radio"/> Add <input type="radio"/> Remove		Note: Physician must be registered with TMB for prescriptive authority.	
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Medical Board Number:		Expiration Date: MM / DD / YYYY	
CSR Number:		Expiration Date: MM / DD / YYYY	
DRUG SCHEDULES (Select all that apply)			
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"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above." Supervising Physician:			
_____		Date: MM / DD / YYYY	_____
(Signature)			(Printed Name)

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_____		Date: MM / DD / YYYY	_____
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"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above." Supervising Physician:			
_____		Date: MM / DD / YYYY	_____
(Signature)			(Printed Name)

PA / APN Last, First & Middle Name:	CSR Number: Expiration Date: MM / DD / YYYY
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Medical Board Number:		Expiration Date: MM / DD / YYYY	
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DRUG SCHEDULES (Select all that apply)			
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"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above." Supervising Physician: _____ Date: MM / DD / YYYY, _____ (Signature) (Printed Name)			

Submit Modification Form: (Form must be signed by Applicant)

•**Save this form to your computer**

•**Online Secured Email:** Contact Us, select **Controlled Substances Registration**, then select **Submit complete CSR Modification form**
<https://www.txdps.state.tx.us/rsd/contact/default.aspx>

•**Fax:** (512) 424-5799

•**Mailing Address:** Controlled Substances Registration MSC 0438

Texas Department of Public Safety
PO Box 15888
Austin, Texas 78761-5888
•**Customer Contact:** (512) 424-7293

Privacy Policy

[Texas Government Code §559.003](#). RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

- (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:
- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
 - (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
 - (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.
- (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.