



Practitioner Identification Verification Training Attestation

By signing below, I attest I have read and understand the required training for In-Person Identification Verification provided by the Community Health Network, Inc. ("Community") Medical Staff Office. The training was developed in accordance with the Federal Drug Enforcement Administration ("DEA") requirements on in-person identity proofing for access to electronic prescribing of controlled substances.

Identification Verification Education:

Each practitioner who is a member of a Community hospital medical staff and desires access to Community's e-prescribing application for controlled substances must first have his/her identity validated in-person as follows:

- 1. Practitioner must present a government-issued photographic identification ("ID") to you.*
- 2. Confirm the practitioner is the person pictured in the ID presented.*
- 3. Secure a copy of the ID and attach it to the Practitioner Identification Verification Form ("Verification Form") provided.*
- 4. Complete the Verification Form - Check the type of ID you are verifying, print your name, your title and then sign your name.*
- 5. Complete the Practitioner Identification Verification Training Attestation ("Attestation") for each practitioner.*
- 6. Scan and email both the Verification Form and the Attestation to MSO@eCommunity.com.*

Signature: _____ Date: _____

Printed Full Name: _____

Practice Name and Location: _____

Title/Job Role: _____



Community Health Network

PRACTITIONER IDENTIFICATION VERIFICATION FORM

THIS FORM MUST BE COMPLETED IN PERSON

PLACE COPY OF ID HERE

PRACTITIONER NAME: _____

☐ Driver's License ☐ Passport ☐ Military ID ☐ Other _____

Printed Name & Title of Person Obtaining Verification

Signature of Person Obtaining Verification

Date

Please return completed forms to MSO@eCommunity.com with the provider's name and specialty in the subject line.