



DEA Certificate Form

Complete this form if you are unable to provide us with a federal Drug Enforcement Agency (DEA) certificate for your state. If you submit a Controlled Dangerous Substance (CDS) certificate for your state, you do not need to complete this form.

Explain why you do not have a current DEA certificate:

Include if your DEA certificate is pending, expired, or for another state.

Checkmark the statement below that applies to you, and provide an explanation.

- Should a prescription become necessary as part of a patient's treatment plan, I have coverage arrangements in place. (Please explain).

- In the course of treating Cigna patients, I have no occasion to assist patients needing prescription(s). (Please explain.)

Provider signature: _____

Date: _____