

GEORGIA COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

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ADVANCED PRACTICE REGISTERED NURSE (APRN)

DEA INFORMATION

INSTRUCTIONS:

Type or print clearly. Complete all information requested.

DELEGATING PHYSICIAN INFORMATION

PHYSICIAN NAME: (PLEASE PRINT LEGIBLY)

GEORGIA LICENSE NUMBER:

DEA REGISTRATION NUMBER:

**APRN
DEA INFORMATION**

APRN NAME: (PLEASE PRINT LEGIBLY)

RN LICENSE NUMBER:

DEA REGISTRATION NUMBER:

DATE ISSUED:

Delegating Physician telephone number

e-mail address

Signature

Date