



# CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION

## DRUG CONTROL DIVISION

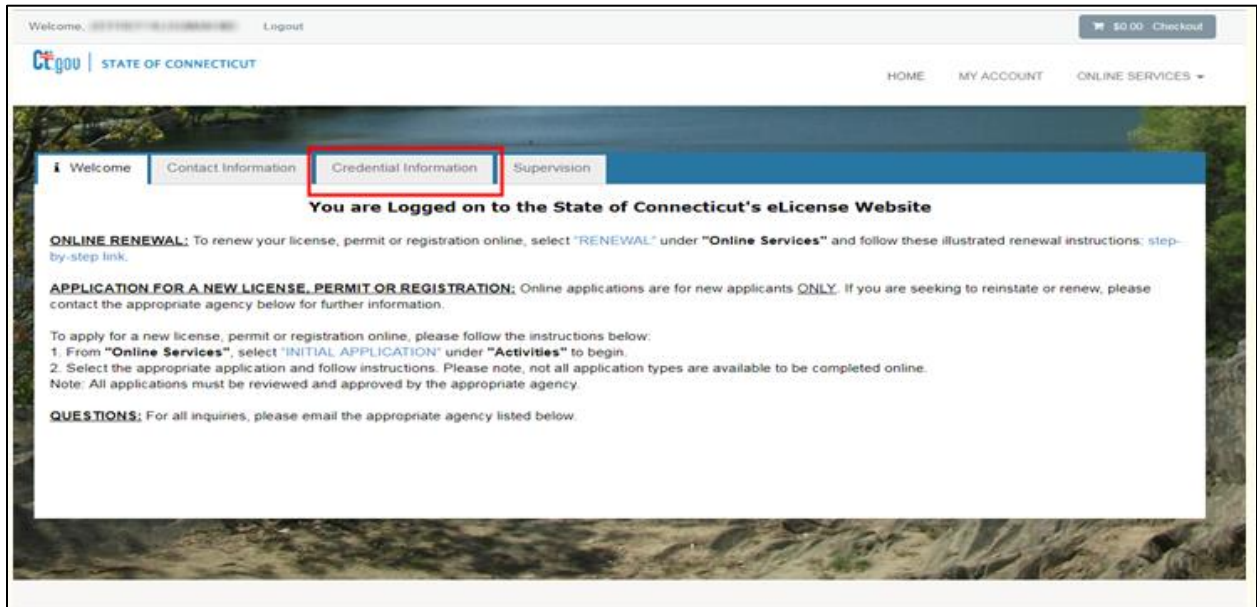
Note: You may close the questionnaire and save your answers at any time.

Close and Save

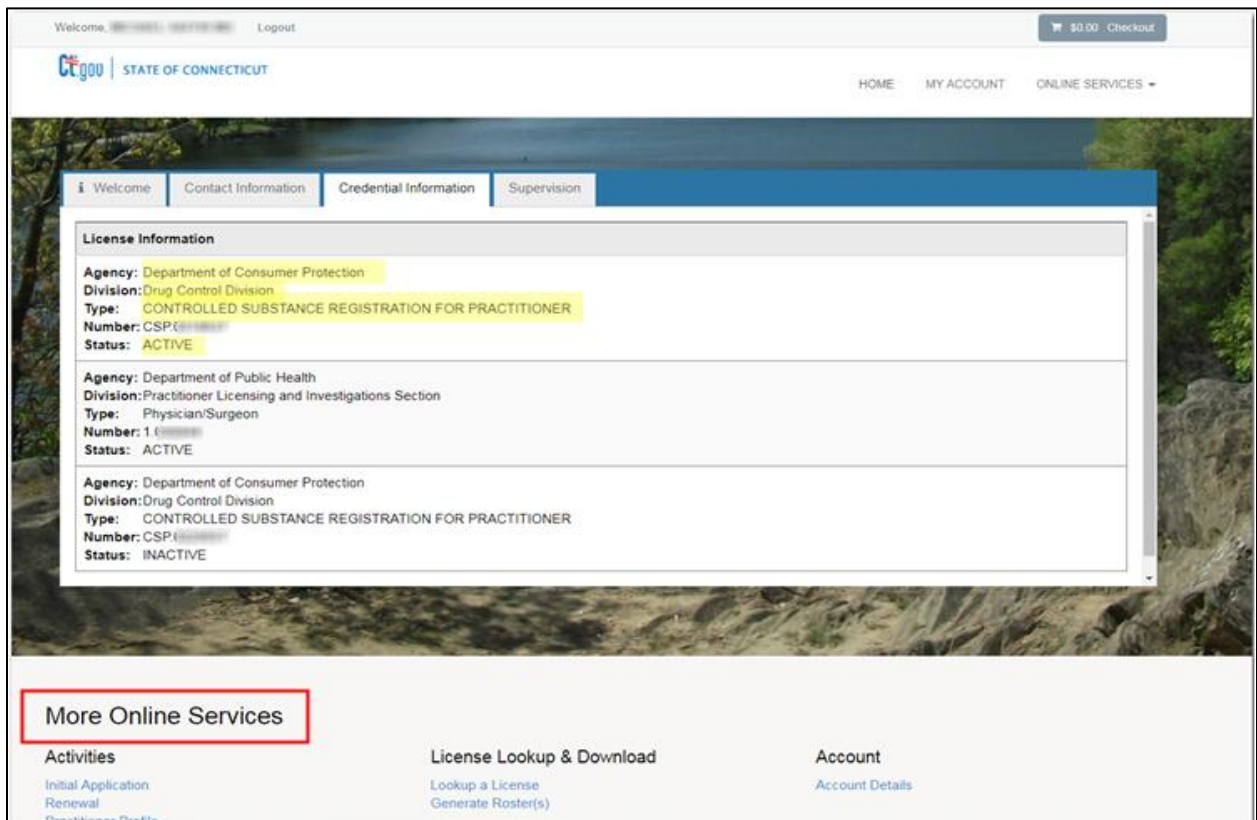
1. Go to [www.elicense.ct.gov](http://www.elicense.ct.gov)
2. Enter your "User ID" and "Password" (if you do not have your user name and password please email [DCP.DrugControl@ct.gov](mailto:DCP.DrugControl@ct.gov) to request them)  
Click "Log In"

The screenshot shows the 'Access Your Account' page on the Connecticut eLicense website. The page has a navigation bar with 'Login', 'Register', and a search icon. The main content area is divided into two sections: 'Access Your Account' and 'Welcome to the State of Connecticut's eLicense Website'. The 'Access Your Account' section has a red border around the 'User ID' and 'Password' input fields and a 'Log In' button. The 'Welcome' section contains instructions for 'VERIFY A LICENSE & ROSTER', 'LICENSE RENEWAL', 'FAST TRACK RENEWAL', 'INITIAL APPLICATION', and 'QUESTIONS'. The footer includes 'More Online Services' with links for 'Activities' and 'License Lookup & Download'.

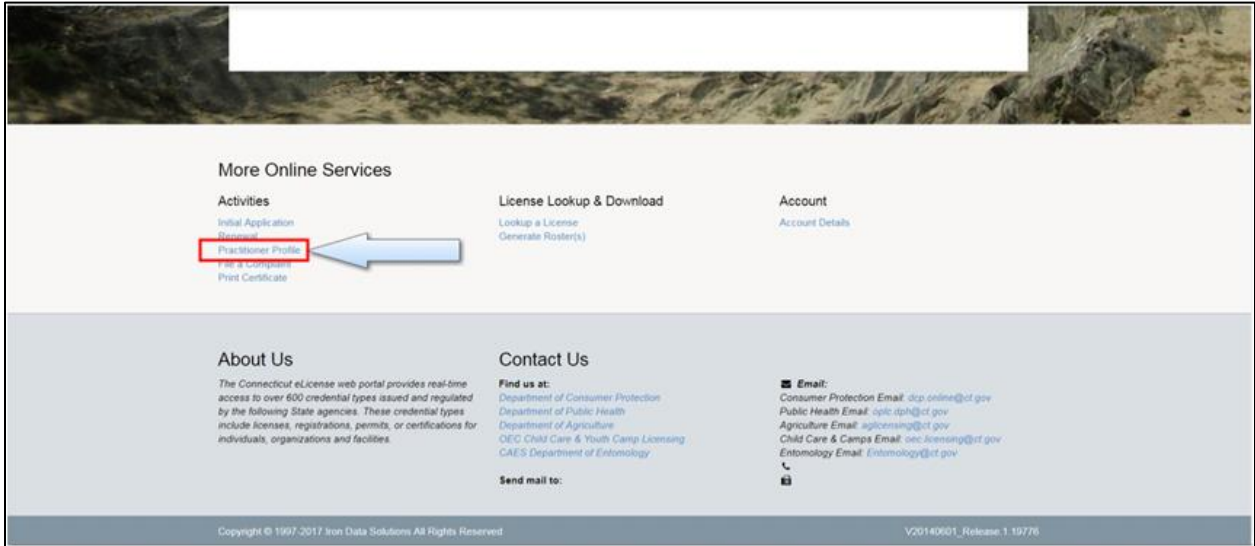
- Click “Credential Information” to see all credentials associated with your account  
If you have more than one active Controlled Substance Practitioner (CSP) registration, please complete the questionnaire for only one of your “Active” CSP registrations.



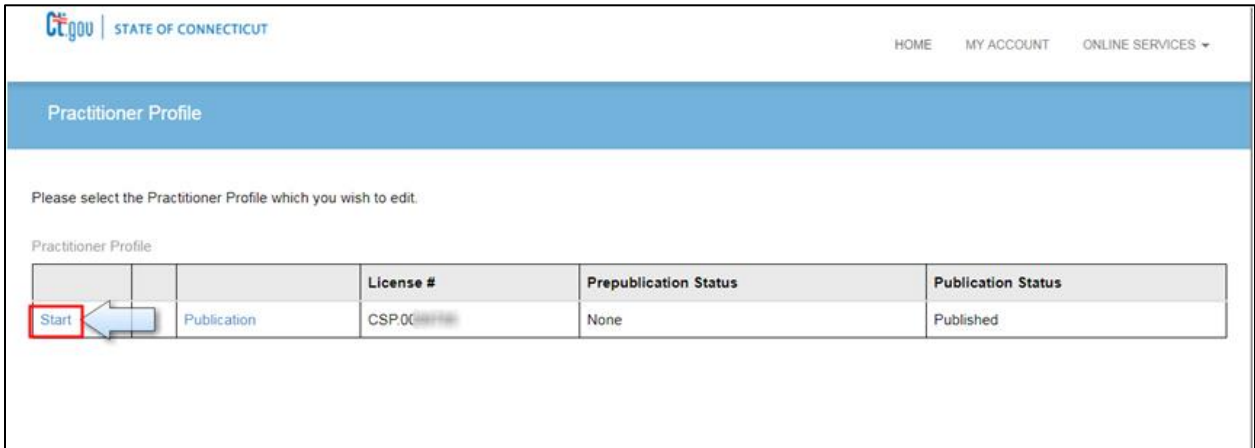
- Scroll down to “More Online Services”



5. Click on “Practitioner Profile”



6. Click “Start” for the “Active” CSP registration selected in Step 3



7. Start the questionnaire  
Read the directions and click “Next”

Practitioner Profile for CSP.00

Waiver Instructions

**READ THIS**

This short questionnaire is provided by the Department of Consumer Protection, Drug Control Division:

- IGNORE the note referring to the Department of Public Health. Due to system and legal requirements this note is shown.
- DO NOT CONTACT the Department of Public Health concerning this questionnaire. All questions should be referred to the Drug Control Division.
- THIS IS NOT PART OF YOUR PUBLISHED PROFILE. This information will only be used to understand which practitioners may apply for waivers for any electronic prescribing requirements.
- QUESTIONS: Contact the Department of Consumer Protection, Drug Control Division at [UCPDrugPractitioners@ct.gov](mailto:UCPDrugPractitioners@ct.gov).

This questionnaire has been sent to you to assist you with the waiver process for Public Act 17-131, Sec. 3. This section requires all prescribing practitioners with a controlled substance registration to transmit controlled substance prescriptions electronically to the pharmacy in accordance with the standards set forth by the Drug Enforcement Administration (should we attach those standards, or add the link to those standards?). One exemption to the requirement is if the practitioner demonstrates that they do not have the "technological capacity" to prescribe electronically, in which case they can apply for an exemption with the Department of Consumer Protection's Drug Control Division. This questionnaire will serve as the application for exemption from the electronic transmission of controlled substance prescriptions.

\*Technological Capacity\* is defined as a computer system, hardware or device that can be used to electronically transmit controlled substances prescriptions consistent with the requirements of the Drug Enforcement Administration.

Please answer the following questions to the best of your ability based on your current situation

Previous Next Close and Save

8. Answer the questions

Click "Next"

- If you answer "Yes" to Questions 2 and 3, you will automatically go to Step 9.
- If you answer "No" to Question 3, you will be asked to answer Question 4.

Practitioner Profile for CSP.00

Electronic Prescribing Waiver Questionnaire

Fields marked with an asterisk \* are required.

1. What is the nature/type of your medical practice? (Please select any of the following choices as they pertain to your practice)

Academic  Group practice  Retail Clinic

City/State Governmental Employee  Health system  Urgent Care Center

Dentistry  Hospital  Veterinary Medicine

Federally Qualified Health Center  Private practice

2. Do you have access to a computer at your practice location(s)?

- select one -

3. Are you currently capable of sending Electronic Prescriptions for Controlled Substances that comply with Drug Enforcement Administration standards at all of the locations where you practice? (Answering "No" to this question would not exempt you from sending Electronic Prescriptions for Controlled Substances from locations that are capable of sending electronic prescriptions. If you are able to send Electronic Prescriptions for Controlled Substances that are compliant with the law you MUST do so for controlled substances.)

- select one -

Previous Next Close and Save

Practitioner Profile for CSP.00

Waiver Request

Fields marked with an asterisk \* are required.

4. A. At this time do you wish to request a waiver from any requirement that certain prescriptions be submitted electronically?

Yes

Previous Next Close and Save

9. Review your answers

If correct, click “Publish Profile Online”.

If incorrect, click “Previous” and correct any incorrect answers.

Practitioner Profile for CSP

Waiver Review Print Review

Waiver Instructions

Electronic Prescribing Waiver Questionnaire

1. What is the nature/type of your medical practice? (Please select any of the following choices as they pertain to your practice)

Private practice

2. Do you have access to a computer at your practice location(s)?

Yes

3. Are you currently capable of sending Electronic Prescriptions for Controlled Substances that comply with Drug Enforcement Administration standards at all of the locations where you practice? (Answering ?No? to this question would not exempt you from sending Electronic Prescriptions for Controlled Substances from locations that are capable of sending electronic prescriptions. If you are able to send Electronic Prescriptions for Controlled Substances that are compliant with the law you MUST do so for controlled substances.)

No/Not Sure

Waiver Request

4. At this time do you wish to request a waiver from any requirement that certain prescriptions be submitted electronically?

Yes

Previous Publish Profile Online Close and Save

**NOTE: If you selected “Yes” for question 4 you are approved for the waiver.**