PHYSICIAN PRESCRIBER REPRESENTATIVE (PPR)
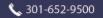**and/or**
REQUEST FOR PRESCRIBER RIGHTS (RPR)

AGENCY & PRESCRIBER INFORMATION

Date: Related Task Info:
Agency Name/Domain Acronym:
Prescriber Name:
Email:
Prescriber/Cred Employee ID: NPI:
State/DEA(s)/NADEA:
State/License Number/Expiration Date:

PHYSICIAN PRESCRIBER REPRESENTATIVE (PPR)

☐ We would like to endorse this prescriber as our Physician Prescriber Representative:
If endorsed – I have attached a copy of the Prescriber's Medical License to this info type

REQUEST PRESCRIBER RIGHTS (RPR)

☐ We would like to have this prescriber configured within our Domain.

CLINIC LOCATIONS:

Existing Clinic Location Names:

New Clinic Locations (Name, address, phone, fax):

SERVICE LEVELS:

    ☐ New Rx   ☐ ePA – Premium Credible Feature (must have contract)

    ☐ Refill/Renewal   ☐ EPCS – Premium Credible Feature (must have contract)

    ☐ Change Rx

    ☐ Cancel Rx

ATTESTATION

Prescriber Verification will be done by:

☐ PPR

_____   _____

Physician Prescriber Representative (PPR) Signature: Date:

PPR Name:

PPR Email:

_____   _____

HR Director (Credentialing Director, CEO, COO, etc.):   Date:

HR Director/ etc. Name:

HR Director/ etc. Email: