

CLASS D CONTROLLED SUBSTANCE DATABASE QUESTIONNAIRE

To be completed by the pharmacist-in-charge of all facilities that dispense controlled substances to any person in Utah other than an inpatient in a licensed health care facility.

PIC: _____ **Email:** _____

Pharmacy Name: _____ **Email:** _____

Pharmacy Address: _____
Street Address (including Apt/Unit/Ste #) City State ZIP

Pharmacy Telephone: _____ **Pharmacy Fax:** _____

Contact Name of Person who will set up CSD Transmittal: _____

Phone Number: _____ Email: _____

CSD Transmittal Software Vendor: _____

POS Software Vendor (if different): _____

NCPDP/NABP Number *(required)*: _____

NPI Number: _____ DEA Number: _____

Anticipated Date of Beginning Operations: _____

1. Yes No I am the pharmacist-in-charge of the above named facility.

2. Yes No I understand that I must ensure that prior to dispensing any controlled substances, the proper arrangements have been made to report to the database.

3. Yes No I will submit all required data regarding every prescription for a controlled substance dispensed in Utah by me and all pharmacists under my supervision to any person other than an inpatient in a licensed health care facility in accordance with the Section 58-37f-203.

4. Yes No I have read and understand Section 58-37f-203 of the Utah Controlled Substances Act.

Signature of PIC: _____

Date: _____