

Signature Capture & Authorization Form for CRIS Electronically Scanned Signature

Instructions:

1. Please review the authorization statement and complete the 'Prescriber Information' section of the form.
2. Signing the form:
 - The signature must be witnessed by your Credentialing Coordinator, pharmacy staff, or the Credentialing Office staff.
 - Use **BLUE INK** only.
 - Sign within the signature box, not touching the lines of the signature box.
3. Give the completed form to your institute / department Credentialing Coordinator, pharmacy staff, or deliver it directly to: the Credentialing Services Office, Building 10, Room 1N-204, 7am – 6pm, Monday to Friday.

Authorization Statement: I hereby authorize my signature to be captured, stored, and used as my electronically scanned signature in CRIS for the purpose of signing Take Home Prescriptions, 'Not Required for Study', and 'Take Home Prescription Blanks'.

I authorize.

I do not authorize.

Prescriber name / Title (PRINT)

Date

- -

10-Digit NIH Badge ID

Please provide the following information, if available:

NPI (National Provider Identifier): _____

DEA # Government-Individual / Fee-exempt: _____

DEA # Personal / Private: _____

PRESCRIBER INFORMATION

SIGNATURE
BOX

Please note:
Sign in the Signature Box
with **BLUE INK only** staying
within the lines.

WITNESS
SECTION

Witness signature

Date