

Name _____

Signature _____

VA DEA number _____ Date _____

intern

resident

fellow

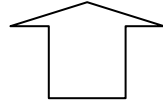
staff

Medicine

Surgery

Psychiatry

other



Pharmacy signature card

Instructions:

Enter your printed name, date, select appropriate training level and department, and sign.

Leave VA DEA number blank (will be assigned when you arrive)