

Date: _____

To: Alan Gelb, MD

Chair, ZSFG Credentials Committee

Re: DEA Suspension of Activities

This letter is to inform you that the above-named practitioner does not have a current, valid DEA certificate. This practitioner must apply for a DEA certificate and provide evidence of the application to the Medical Staff Office ~~if not already done so~~. Until a valid DEA is issued, this practitioner ~~cannot~~will not prescribe medications requiring DEA certification.

If a valid DEA is not issued within 3 months from the date of this notice and the practitioner has not applied for a DEA, the practitioner ~~will~~could be administratively suspended from the Medical Staff.

I confirm receipt of this notice and have discussed this with the practitioner:

Signature, Chief of Service or Designee

Printed Name, Chief of Service or Designee

Date