

Please complete all sections of the DEA Waiver Form in its entirety, document cannot be saved.
Approximate length of time to complete is 5 minutes. Forms submitted with incomplete and/or missing information will delay the processing of your request.

- DEA is currently in process**
- DEA is registered out of state**

1. **DEA Waiver Form:**

Complete **each** section of the form with indication *Not Applicable (N/A)* where appropriate.

*Once DEA is approved please notify DentalProviderRelations@usablelife.com.

*Registration to the [Arkansas Prescription Monitoring Program \(PMP\)](#) is required to remain eligible to participate in the Arkansas Blue Cross and Blue Shield network.

2. **Attach photocopies of the following:**

- ✓ IRS Form W-9 with the practice information.

Any questions may be directed to DentalProviderRelations@usablelife.com. You will receive a letter confirming your effective date.

***This Form is for providers that are currently credentialed with Arkansas Blue Cross and Blue Shield.**

