

Pennsylvania State Board of Osteopathic  
Medicine  
2525 N. 7th Street, Suite 330 Harrisburg, PA  
17110



Pennsylvania State Board of  
Osteopathic Medicine P O Box 2649  
Harrisburg PA 17105-2649

**BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS**

**VERIFICATION OF OPIOID EDUCATION**

**SECTION 1 – TO BE COMPLETED BY APPLICANT/LICENSEE**

<b>NAME:</b>	Last	First	Middle
<b>OTHER NAME(S):</b>			
<b>DATE OF BIRTH:</b>		<b>LAST 4 DIGITS OF SSN:</b>	
<b>LICENSE NUMBER:</b>			
<b>ADDRESS:</b>			
<b>CITY / STATE / ZIP:</b>			

The following information must be completed by the educational program and must verify that you have successfully completed at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids.

**SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL, PHYSICIAN ASSISTANT PROGRAM, OR NURSE-MIDWIFE ADVANCED PHARMACOLOGY PROGRAM, OR BY THE PROGRAM DIRECTOR OF AN AOA OR ACGME-ACCREDITED TRAINING PROGRAM**

<b>NAME OF SCHOOL/PROGRAM:</b>	
<b>ADDRESS:</b>	
<b>CITY / STATE / ZIP:</b>	

I hereby certify that the above-listed individual successfully completed 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids on

\_\_\_\_/\_\_\_\_/\_\_\_\_.  
Month Day Year

I verify that the above statements are true and correct as validated by my review of the applicant's records. I verify that the information communicated on this form is true and correct to the best of my knowledge, information and belief. I understand that any false statement made is subject to the penalties of 18 PA. C.S. §4904, relating to unsworn falsification to authorities.

<b>SIGNATURE OF DEAN/REGISTRAR/ PROGRAM DIRECTOR:</b>	
<b>DATE:</b>	

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Osteopathic Medicine.

**RETURN THIS FORM TO:  
PENNSYLVANIA STATE BOARD OF OSTEOPATHIC MEDICINE  
P O BOX 2649  
HARRISBURG PA 17105-2649**