**Verification of Institutional DEA Suffix Template**

**Place below on your company's letterhead**

**DATE:** [Date]

**TO:** New Mexico Health Care Authority
**SUBJECT:** Verification of Institutional DEA Suffix for Resident

**Houseofficer Name:** [Resident Full Name]
**NPI Number:** [Resident NPI]
**Training Program:** [Department Name]

To Whom It May Concern,

This letter serves to verify that **[Houseofficer Full Name]** is a physician in training (Resident/Fellow) at **[Hospital/Institution Name]** (DEA Number: **[Insert Facility Institutional DEA]**).

Under our institutional policy, and in accordance with 21 CFR 1301.22, the above-named resident is authorized to administer, dispense, and prescribe controlled substances under the hospital's DEA registration.

To uniquely identify the practitioner as required by the DEA, the following suffix has been assigned to this resident:

- **Institutional DEA Number:** [Insert Facility Institutional DEA]
- **Individual Suffix:** [Insert Suffix, e.g., 1234]

This authorization is valid from **[Start Date]** to **[End Date]** for inpatient orders and approved hospital-based clinics. The resident does not possess a personal DEA number for this location.

If you have any questions or require further information, please contact the GME Office at [Phone Number].

Sincerely,
[Signature]
**[Name]**
[Title, e.g., GME Authority
University XXXX, School of Medicine Graduate Medical Education