



**Nebraska Prescription Drug Monitoring Program (PDMP) non-Nebraska License  
Attestation Form**

By signing this form you are attesting to the following:

- 1) You have a treatment relationship with a Nebraska resident (Neb. Rev. Stat. § 71-2454) 2)  
Your professional state license is active

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Name (first and last) please print

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License Number

License Type

License State

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Signature

Date

Please return completed form to:

Mailing Address:

Email Address:

Nebraska DHHS

**OR**

brian.harther@nebraska.gov

c/o Brian Harter – Epidemiology

301 Centennial Mall South

PO Box 95026

Lincoln, NE 68509-5026

Nebraska PDMP non-Nebraska License Attestation Form v1 09102018