



Nebraska Prescription Drug Monitoring Program (PDMP) Retired or Unemployed User
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

Name (first and last) please print

License Number

License Type

License State

Facility Name where you treat patients

Facility Phone Number

Signature

Date

Please return completed form to:

Mailing Address:

Email Address:

Nebraska DHHS

OR

brian.harter@nebraska.gov

c/o Brian Harter – Epidemiology

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