

PDMP User Access Instructions, Glossary, and Form



1. Action

- Add – request access to PDMP for the first time
- Update – make changes to current PDMP registration based on information included on the form
- Cancel – withdraw access to PDMP

2. Prescriber/Dispenser/Designee Information:

- First Name – your first name associated with your professional state license number
- MI – your middle initial associated with your professional state license number
- Last Name – your last name associated with your professional state license number
- Email – your email address associated with your professional state license number and on file with the Licensure Unit
- Alternate Email – use this field if your email address associated with your professional state license number is for a shared inbox (i.e. admin@xyzclinic.com) or if you would like to use an email address other than what is on file with your professional state license number
- Phone Number – your phone number associated with your professional state license number
- Place of Birth – your place of birth associated with your professional state license number
- License State – the state in which you received your professional state license. If the License State is **NOT Nebraska**; please submit an electronic of a certification or verification (this is **NOT** a copy of your current professional state license) provided by the state licensing agency that includes the following information:
 - Notation on certification or verification of the licensing state
 - Full Name
 - Profession
 - License Number
 - Expiration Date
 - Department Staff Signature or Seal

+For all professionals with out-of-state licenses, provisioning will not continue until the certification/verification step is complete.

++If the state licensing agency needs to send the certification/verification directly to DHHS; have the state licensing agency send the certification/verification to:

Mailing address:
Nebraska DHHS
c/o Brian Harter
301 Centennial Mall South
PO Box 95026
Lincoln, NE 68509

Email address:
brian.harter@nebraska.gov

3. Prescriber/Dispenser Information:

- Professional State License Number – your professional state license number
- Classification/License Type – your professional classification/license type
 - If your Classification/License Type is not one of the following; you may qualify to register as a designee:
 - ARPN – Certified Nurse Midwife
 - APRN – Clinical Nurse Specialist
 - APRN – CRNA
 - APRN – Nurse Practitioner
 - Dentist
 - Dispensing Practitioner Pharmacy License
 - Optometrist
 - Osteopathic Physician & Surgeon
 - Pharmacist
 - Physician
 - Physician Assistant
 - Podiatrist
 - Veterinarian
- Office Manager Name – name of office manager or secondary contact person
- Office Manager Email – email address of office manager or secondary contact person
- Office Manager Phone – phone number of office manager or secondary contact person
- Facility Name – name of the facility you work for or associated with

4. Designee Information:

+Designee means any licensed or registered health care professional credentialed under the Uniform Credentialing Act (UCA). A designee will not be granted PDMP access until the authorizing dispenser or prescriber has been approved.

++If you are authorizing multiple designees may list them all on this one form. The designee(s) will **NOT** need to fill out a separate form

- Classification/License Type – designee professional classification/license type
 - If the designee does not have a state issued license in one of the following categories; the request for PDMP access will be denied
 - Alcohol & Drug Counseling
 - Dental Hygiene
 - EMS (all levels)
 - LPN
 - LPN – C
 - Mental Health Practice
 - Occupational Therapist
 - Perfusionist
 - Pharmacist Intern
 - Pharmacy Technician
 - Physical Therapist
 - Respiratory Care
 - RN
 - Surgical Assisting

5. Provisioning Criteria:

When provisioning a user for PDMP access the following items are reviewed:

- Last Name
- Email Address
- Alternate Email Address
- Office Manager Email Address
- Professional State License Number
- Place of Birth

In order for a user to pass provisioning there must be an **EXACT** match on the following:

- Last Name
- Professional State License Number
- Email Address, Alternate Email Address, or Office Manager Email Address
- Place of Birth (only in the event that an email address is not on file with Licensure)

+Any missing or incorrect information could result in a delay of your PDMP access.

++To review or update your contact information; please visit the following website: <https://nebraska.mylicense.com/>

+++You will need to create a username and password each time you access this site.



PDMP USER ACCESS REQUEST

Action:

NOTE: PDMP Access is only allowed to Prescribers, Dispensers and Designees (licensed healthcare professionals under the Uniform Credentialing Act and authorized by a Dispenser or Prescriber)

Prescriber/Dispenser Information:

Please list the information below that was used when you last renewed or applied for your professional state license. If you are unable to remember the information used when you last renewed or applied for your professional state license; please refer to the instructions found here <http://dhhs.ne.gov/publichealth/PDMP/Pages/Home.aspx> to access your licensure information.

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Please list an alternate email address if the email address on file with licensure is for a **group or shared inbox**; or if there is an email address

Phone: _____ Place Of Birth: _____

License State _____ Professional State License Number: _____

Classification/License Type: _____

Office Manager Name: _____

Office Manager Email: _____

Office Manager Phone: _____ Facility Name: _____

Designee Information:

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Place of Birth: _____

License State: _____ Professional State License Number: _____

Classification/License Type: _____

See page 2 to list additional Dispenser Designees

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Place of Birth: _____

License State: _____ Professional State License Number: _____

Classification/License Type: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Place of Birth: _____

License State: _____ Professional State License Number: _____

Classification/License Type: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Place of Birth: _____

License State: _____ Professional State License Number: _____

Classification/License Type: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Place of Birth: _____

License State: _____ Professional State License Number: _____

Classification/License Type: _____

Form may be submitted by: clicking the SUBMIT button, emailing to support@NeHII.org, or faxing to 1-866-550-6007

Please contact NeHII Support with questions regarding registration at support@NeHII.org or 1-866-978-1799