

PDMP User Access Instructions, Glossary, and Form



1. **Action**
 - New – register for the first time
 - Update – update a previously approved registration; includes adding or removing designees you have authorized
 - Cancel – cancel your registration; includes cancelling the registration of all designees you have previously authorized
2. **Dispenser/Prescriber First Name** – your first name associated with your professional state license number
3. **Dispenser/Prescriber Last Name** – your last name associated with your professional state license number
4. **Dispenser/Prescriber PDMP Email** – your email address where you would like to receive PDMP correspondence; or if the email address associated is for a shared inbox (i.e. admin@xyzclinic.com)
5. **Dispenser/Prescriber Licensure Email** – your email address associated with your professional state license number and on file with the Licensure Unit
6. **Dispenser/Prescriber License State** – the state in which you received your professional state license. If the License State is **NOT Nebraska**; please have your state licensing agency submit an electronic copy of a certification or verification of your current professional state license 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

7. **Dispenser/Prescriber Professional State License Number** – your professional state license number
8. **Dispenser/Prescriber Professional State 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
 - Temporary Educational permit
 - Veterinarian
9. **Dispenser/Prescriber Last Four (4) digits of SSN** – the last four digits of your SSN
10. **Dispenser/Prescriber Place of Birth** – your place of birth associated with your professional state license number
11. **Dispenser/Prescriber Facility Information:**
 - Office Manager Name – name of office manager or secondary contact person
 - Facility Name – name of the facility you work for or are associated with
 - Office Manager Email Address – email address of office manager or secondary contact person
 - Office Manager Phone Number – phone number of office manager or secondary contact person
12. **Are you authorizing any designees**
 - Yes – you wish to authorize designees to have access to the Nebraska PDMP on your behalf
 - No- you do not wish to authorize designees to have access to the Nebraska PDMP
13. **Designee Action**
 - New – register for the first time
 - Update – update a previously approved registration
 - Cancel – cancel the registration of a designee you have previously authorized
14. **Designee First Name** – your first name associated with your professional state license number
15. **Designee Last Name** – your last name associated with your professional state license number

16. **Designee PDMP Email** – your email address where you would like to receive PDMP correspondence; or if the email address associated with your professional state license number is for a shared inbox (i.e. admin@xyzclinic.com)
17. **Designee Licensure Email** – your email address associated with your professional state license number and on file with the Licensure Unit
18. **Designee License State** – the state in which you received your professional state license. If the License State is **NOT Nebraska**; please have your state licensing agency submit an electronic copy of a certification or verification of your current professional state license 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

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

Email address:
 brian.harter@nebraska.gov

19. **Designee Professional State License Number** – your professional state license number

20. **Designee Professional State License Type** – your professional classification/license type

- Alcohol and Drug Counselor
- Dental Hygienist
- Emergency Medical Responder
- EMS Instructor
- EMT – all levels
- Independent Mental Health Practitioner
- Licensed Practical Nurse
- Mental Health Practitioner
- Occupational Therapist
- Paramedic
- Pharmacist Intern
- Pharmacy Technician
- Physical Therapist
- Provisional Alcohol and Drug Counselor
- Psychologist
- Registered Nurse
- Respiratory Care Practitioner
- Surgical First Assistant
- Other

21. **Designee Last Four (4) of SSN** – the last four digits of your SSN

22. **Designee Facility Information (only if different than that of authorizing dispenser or prescriber)**

- Office Manager Name – name of office manager or secondary contact person
- Facility Name – name of the facility you work for or are associated with
- Office Manager Email Address – email address of office manager or secondary contact person
- Office Manager Phone Number - phone number of office manager or secondary contact person

• **Provisioning Criteria:**

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

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|-----------------------------|-------------------------------------|------------------|
| ▪ Last Name | ▪ Office Manager Email | ▪ Place of Birth |
| ▪ PDMP Correspondence Email | ▪ Professional State License Number | |
| ▪ Licensure Email | | |

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

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|-------------------------------------|--|--|
| ▪ Last Name | ▪ PDMP Correspondence Email, | ▪ Place of Birth (only in the event |
| ▪ Professional State License Number | ▪ Licensure Email, or Office Manager Email | 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.