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**PDMP User Access Request and Training Acknowledgement Form Instructions**

Please note that it is recommended that you verify your contact information with Licensure. For Nebraska Professional Licensees please go to <https://nebraska.mylicense.com>.

**Page 1 Primary Organization Information**

1. **First Name** – your first name associated with your professional state license number
2. **Last Name** – your last name associated with your professional state license number
3. Professional State License Number – your professional state license number (for Nebraska licensees; this is a numeric only value)
4. **License Type** – your professional classification/license type
5. **Last Four Digits of SSN** – the last four (4) digits of your SSN
6. Primary Organization Name – the name of your primary organization where you have a patient treatment relationship
7. **Primary Organization Phone Number** – the 10 digit phone number of the primary organization where you have a patient treatment relationship
8. **Primary Organization Email Address** – the email address associated with the primary organization where you have a patient treatment relationship
9. **Primary Organization Office Manager Email Address** – the email address of the office manager at your primary organization where you have a patient treatment relationship
10. **Personal/Preferred Email Address** – the email address you would like to user for your Nebraska PDMP access; only if different from what you provided for your professional email address in question # 7
11. **Training Acknowledgement** – Neb. Rev. Stat. §71-2454 calls for mandatory training for all users of the Nebraska PDMP. Access to the Nebraska PDMP will not be allowed until training is completed and acknowledged by checking the box associated with this question.
    1. If you **have completed the mandatory training**; click the check box and you will be allowed to move forward in the form
    2. If you have **not completed the mandatory training**; click the link to the training video; watch the training video; then come back to the form; check the box and you will be allowed to move forward in the form
12. **Do you provide patient treatment at any additional organizations where your EHR or pharmacy software log-in is different than what is used for your primary organization** – if you only treat patients at a single organization select “No”; if you treat patients at other organizations where your EHR or pharmacy software log-in is different select “Yes” and provide information regarding the additional facility/facilities on the subsequent pages of the form
    1. If you select “No”; please submit the form and you will be contacted if additional information or clarification is needed
    2. If you select “Yes”; please provide additional facility as instructed on the subsequent page/pages

**Pages 2 through 5 Additional Organization Information**

1. **Additional Organization Name** – the name of the additional organization where you have a patient treatment relationship
2. **Additional Organization Phone Number** – the 10 digit phone number of the additional organization where you have a patient treatment relationship
3. **Additional Organization Email Address** - the email address associated with the additional organization where you have a patient treatment relationship
4. **Additional Organization Office Manager Email Address** - the email address of the office manager at your additional organization where you have a patient treatment relationship
5. **Do you provide patient treatment at any additional organizations where your EHR or pharmacy software log-in is different than what is used for your primary organization** – if you only treat patients at a single organization select “No”; if you treat patients at other organizations where your EHR or pharmacy software log-in is different select “Yes” and provide information regarding the additional facility/facilities on the subsequent pages of the form
   1. If you select “No”; please submit the form and you will be contacted if additional information or clarification is needed
   2. If you select “Yes”; please provide additional facility as instructed on the subsequent page/pages