



**DISPENSER
PDMP USER ACCESS REQUEST**

Request Date: _____

Action:

NOTE: PDMP Access is only allowed to Prescribers, Dispensers and Dispenser Designees (i.e. Pharmacy Technicians or Pharmacist Interns)

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 separate from your email on file with licensure that you would like to use for your PDMP registration.

Phone: _____ Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____

If Other; please explain: _____

Office Manager Name: _____

Office Manager Email: _____

Office Manager Phone: _____ Facility Name: _____

Designee Information:

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____ If Other; please explain: _____

See page 2 to list additional Dispenser Designees. If you have more than five Dispenser Designees; please submit an additional form or forms.

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____ If Other; please explain: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____ If Other; please explain: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____ If Other; please explain: _____

First Name: _____ MI: _____ Last Name: _____

Email: _____

Alternate Email: _____

Professional State License Number: _____

Date of Birth: _____ Place of Birth: _____

Classification: _____ If Other; please explain: _____

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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