



**COLORADO**

**Department of  
Regulatory Agencies**

Division of Professions and Occupations

Healthcare Branch  
Colorado Prescription Drug  
Monitoring Program (PDMP)

**COLORADO PDMP USER ACCOUNT REGISTRATION FORM  
FOR PROVIDERS WHO CANNOT ACCESS OR USE A COMPUTER**

**LAST Name** \_\_\_\_\_ **FIRST Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Last 4 Digits of SSN** \_\_\_\_\_  
**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**State License Prefix** \_\_\_\_\_ **State License Number** \_\_\_\_\_ **License State Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_ **DEA Number (for prescribers only)** \_\_\_\_\_

**Colorado PDMP Provider Account Liability Statement**

I state under penalty of perjury in the second degree, as defined in 18-8-503,CRS, that I am the person identified above, and I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a professional or occupational license or certificate.

I acknowledge and verify that I will only access information from the PDMP database for a patient I am currently treating, dispensing for, or providing clinical services to. I understand that if I release, obtain or attempt to obtain information from the Electronic Prescription Monitoring Program in violation of CRS Title 12, Article 42.5, Part 4, I may, at minimum, be fined for each violation.

By signing below, I hereby agree to authorize the Colorado Board of Pharmacy Prescription Drug Monitoring Program (Staff) to register myself with the above information for a provider account. I also hereby agree to follow the security and password policies of the Electronic Prescription Monitoring Program. I agree to not disclose or misrepresent any data or protected health information to any unauthorized person or party. I understand and agree that I am responsible for all use of my user name and password. I agree that I will not share my account information, login name, or password with anyone, even with co-worker or with others who are authorized users of the program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

