



John W. Hickenlooper
Governor

Barbara J. Kelley
Executive
Director

PDMP Researcher Data Request Form

Please provide the information requested below. (Print or Type) Use full name not initials. (* indicates a required field)			
*Name of Researcher		*Researcher's Organization	
*Street Address			
*City	*State	*Zip Code	
*Phone Number		*Email Address	
*General Description of Research Project (attach additional pages as needed) (discuss the reason why you are requesting data and what you will use it for):			
*Description of the Data Needed (attach additional pages as needed) (provide a description of the data you are interested in receiving and what format you need the data provided in, see checklist):			
*Signature		*Date	
<p>Procedure: Once completed, this form should be sent to the following address.</p> <p>DORA Division of Professions and Occupations Colorado State Board of Pharmacy Prescription Drug Monitoring Program 1560 Broadway, Suite 1350 Denver, CO 80202</p>			

For Department Use Only			
Date Received	<input type="checkbox"/> Approved	Director or Designee Signature	Date of Board Review
	<input type="checkbox"/> Disapproved		
Notes:			

