

PRESCRIPTION MONITOR	NG X PROGRAM
9 Help	

PMP AWAR,E

Log In

Email \sim Password Forgot Password

Login

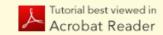
Create an Account

Register for a New Account

This tutorial steps through the process of registering for a new account in PMP AWARxE. You can create an account, but it must be approved by your state PMP Administrator (validation requirements may apply).

This Tutorial Covers how to:

- Create an Account
- Select your Role
- Complete the Application Process
- Check for Validation Requirements
- Submit Validation Documentation





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Log In		
g		
Email		
Password *	Forgot Password	
Login	Create an Account	

Create an Account

To begin the process, click 'Create an Account'.

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PMP AWAR_xE Help

Registration Process

Create an Account Registration Process Tutorial • Email À \times Password (9) Password Confirmation (9) Save and Continue

Create an Account

Your Email is Your Username

Password Requirements

- Must be at least 8 characters
- And include 1 capital letter, 1 symbol and 1 lowercase letter

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Registration Process

Select your User Roles

Registration Process Tutorial •

•	He	ealthcare Professional
		Physician (MD, DO, DPM)
		Dentist
		Nurse Practitioner / Clinical Nurse Specialist
		Physician Assistant
		Podiatric Physician (DPM)
		Optometrist
		Naturopathic Physician
		Pharmacist
		Psychologist
		Veterinarian
		Medical Intern
		Medical Resident
		IHS Prescriber
		IHS Dispenser
		Military Prescriber
		VA Prescriber
		VA Dispenser
		Pharmacy Technician
		Delegate

Select your Role

Select the primary category of your role to expand the list. This will allow you to select your specific role. Click 'Save and Continue' to proceed with the registration process.

Save and Continue

▶ Other

▶ Law Enforcement

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Registration I	Process 5 of 10
Help	PMP AWAR _x E
A link to verify your email address has been sent. Create an Account	Registration Process Tutorial ◆
All fields with an asterisk (*) are required. Personal	
DEA Number(s) *	First Name *
DEA Numbers Added	Middle Name
— or —	
National Provider ID *	Last Name *
Drivers License Number *	Date of Birth *
Professional License Number *	
License Type *	
ADM \$	
Controlled Substance ID *	Your Email Address
	ink will be sent to the email address you enter. You'll need to click the link in the email email address so that your administrator can approve your account. Back Next



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PMP AWAR_xE

Registration Process

Create an Account

Registration Process Tutorial •

ll fields with an asterisk (*) are required.			
Personal			
DEA Number(s) *		First Name *	
⊘ FW0807000	+ Add		
DEA Numbers Added		Middle Name	
≭ FW0807202	AutoFill Form	Third Hame	
≭ FW0807000		Last Name *	
— or —		Last Name	
National Provider ID *			
	✓ AutoFill Form	Date of Birth *	
Drivers License Number *			
	Complet	e Application Pr	ocess
Professional License Number *	Some personal and employer information is required to gain access to PMP AWARxE.		
	 Required field 	ds will be indicated by a Red Astrisks	s *
License Type *	 In the Personal Section, Multiple DEA numbers can be entered if necessary 		
ADM \$	Save Time with AutoFill		
Controlled Substance ID *			e form by clicking 'AutoFill Form'. Information ne rest of the personal information for you.
	Scroll down to cont	inue to the Employer Section.	
Badge Number *			Back Next



Dauge mumber		

Employer

DEA Number *		Name *
	✓ AutoFill Form	
National Provider ID *		Address *
	✓ AutoFill Form	
NCPDP/NABP Number *		
	✓ AutoFill Form	City *
		State *
		•
		Zip Code *
		Phone *

Submit Your Registration

Complete Application Process

- · Complete the Employer section, making sure to complete all required fields
- AutoFill will automatically fill in information from the ID number you've provided

Once all information is entered, click 'Submit Your Registration'.

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select a menu item –

Your Registration is Not Complete

Welcome

Registration Process Tutorial

Based on the User Roles you've chosen, you may be required to submit additional documentation. You will receive an email with instructions and the necessary forms to be submitted. Once all validation documents are met, your registration will be reviewed for approval. Watch your email or log in for status updates.

Your User Roles

Healthcare Professional	Validation Documents Required	Documentation Received
Physician (MD, DO, DPM)	rx_search_2015-04-08.pdf	Fill out the required form and upload it

Upload validation documents

Physician (MD DO DDM)

Check for Validation Requirements

Once you've submitted your information, a welcome screen will appear that displays the status of your account.

Account Status - appears in the upper right corner

- Not Complete: Means further documentation is required. Check the validation requirements in 'Your User Roles' section.
 Information and links to the necessary forms will be provided.
- Pending Approval: Means all documentation requirements have been met and the account is awaiting administrator review.

Validation Requirements

Depending on your role, you may be required to submit additional information. These requirements are displayed under 'Your User Roles' including links to necessary forms. You will also receive an email with instructions and the necessary forms to complete.

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Welcome

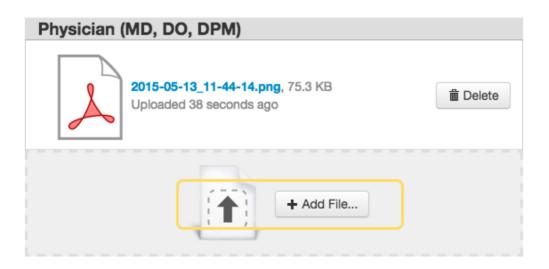
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Your User Roles

Healthcare Professional	Validation Documents Required	Documentation Received	
Physician (MD, DO, DPM)	rx_search_2015-04-08.pdf	Documents Uploaded 🧭	

Upload validation documents



Submitting Validation Documents

Once completed, the forms can be uploaded directly into your PMP AWARxE account or mailed to your state office.

Once Documentation is uploaded, the 'documentation recevied' field will show a green check and state that the documents were uploaded.

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Registration Process

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123 Main St. Louisville, KY 40299 (502)555-1234



select a menu item —

Your Account is Pending Approval

Welcome

Registration Process Tutorial •

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Upload validation documents

