



Florida's Prescription Drug Monitoring Program

Law Enforcement Administrators that have been appointed by their agency head must register with the E-FORCSE database.

- Enforcement and Investigative Agencies
- Terms and Conditions
- Administrator Registration Site
- Training Guide for Enforcement and Investigative Agencies
- E-FORCSE Information Security and Privacy Training Course
- Enforcement and Investigative Agencies Query Site

Perform the following steps to request an account:

- 1 Open an Internet browser window and type the following URL in the address bar: www.hidinc.com/flpdmp.
- 2 Click the **Law Enforcement and Investigative Agencies** link located on the left menu. A window similar to the following is displayed:
- 3 Click the **Terms and Conditions** link to open and read.
- 4 After reading the terms and conditions, click the **Administrator Registration Site** link. A logon window is displayed.
- 5 Type *newacct* in the **User Name** field.
- 6 Type *welcome* in the **Password** field.
- 7 Click **OK**.

The **Enforcement/Investigative Agency Request Form** is displayed:

8 Select the appropriate agency type and click submit.

9 Complete the fields on this form, noting that required fields are indicated with an asterisk (*).

10 Click **Accept & Submit**.

The E-FORCSE program staff will review your application and verify the information provided. You may be contacted if additional information is required.

If you are approved for an account, you will be notified via two separate e-mails containing your temporary password and personal identification number (PIN) that you will use to identify yourself if you need assistance from the PDMP Help Desk.

If you are denied access to the system, you will be notified in writing.

For technical assistance, please contact our PDMP Help Desk at (877) 719-3120.

PDMP Prescription Drug Monitoring

Enforcement Agency Access Request Form for the E-FORCSE I

* Required information

Note: Once your account request is approved, you will receive e-mails from flpdmp-info@hidinc.com containing account logon information. Please check this address for e-mails from this address.

Officer/Agent Information

<small>* First Name:</small> <input style="width: 90%;" type="text"/>	<small>* Last Name:</small> <input style="width: 90%;" type="text"/>
<small>* Title:</small> <input style="width: 90%;" type="text"/>	<small>* Badge/ID Number:</small> <input style="width: 90%;" type="text"/>
<small>* Date of Birth (MM/DD/YYYY):</small> <input style="width: 90%;" type="text"/>	<small>* Email Address:</small> <input style="width: 90%;" type="text"/>

Agency Information

<small>* Agency Name:</small> <input style="width: 95%;" type="text"/>	
<small>* Agency Address:</small> <input style="width: 95%;" type="text"/>	
<small>* City:</small> <input style="width: 40%;" type="text"/>	<small>* State:</small> <input style="width: 20%;" type="text"/> <small>Select a state</small> <input style="width: 30%;" type="text"/>
<small>* Phone #:</small> <input style="width: 30%;" type="text"/>	<small>* Fax #:</small> <input style="width: 30%;" type="text"/>
<small>* Zip Code:</small> <input style="width: 40%;" type="text"/>	

I certify that I meet the requirements to be eligible for access to the Florida Prescription Drug Monitoring Program (PDMP) database pursuant to section 893.0551, Florida Statutes.



For more information visit www.e-forcse.com