

Florida's Prescription Drug Monitoring Program

The designee of a prescribers or pharmacists licensed in Florida may request a user account to access information in the E-FORCSE database.

Prior to requesting an account, a designee must review the Training Guide for Practitioners and Pharmacists and complete the Information Security and Privacy Training for Designees.

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 Practitioner/Pharmacist & Designee 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 **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 Practitioner/Pharmacist & Designee Access Request Form is displayed: 8 Complete the fields on this form, noting that required fields are indicated with an asterisk (*).



NOTE: Designees should leave the State License Number field blank and select "Designee" as License Type.

Florida P	DMP Prescription Dru	g Mor	itoring				
New Accounts Practitionen/Pharmacist E-FORCSE Access Request Form		Practitioner/Pharmacist E-FORCSE Access Request Form					
	You may volumity your access request form at this time, how ever, approvals will not be delivered until October 17, 2011. If your access request is approved by you will receive two s-mult autifications on or after this date that will include instructions for accessing the database. If your access request is not approved, you will be notified by the E-FORCSE program date.						
	Name (as used for foregram and DEA registration)						
	* Date of Birth (MM/DD/YYY	boarde .					
	* Last 4 Digits of SSN:						
	* State License Number (witho	s. 12345):		_	* License Type: 1	alastiype •	
	Date Licenstre Expires (MMDD))))						
	DEA Number (If applicable):	applicable);		NPI (If applicable	l (lf applicable):		7
	FacilityPractice Name:						
	* Mailing Address:						
R CSENTRY'	* City:	* State	Select a str	fe .	•	* Zip Code:	
	County:						
	Email Address:		* Phone 4	6		Fax #:	
	I acknowledge that by registering to access the Fueida Prescription Dwg Monitoring Program (PDMP) FL Rx Sentry database, I am informing the Fueida Department of Health that I wish to receive Patient Advisory Reports, as defined by Section 893.055(2)(a), Fueida Statutes I certify that I meet the requirements to be eligible for access to the Florida Prescription Drug Monitoring Program (PDMIP) FL Rx Sentry database pursuant to section 893.0551, Florida Statutes Access& Submt						

9 Click Accept & Submit. The E-FORCSE program staff will review your application and verify the information. 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.

NOTE: If you are approved for a designee account, you will be able to log in to the system, but you will not be able to query the PDMP database until your account has been linked to a prescriber or dispenser's account.

It is your responsibility to notify the prescriber or dispenser when you are approved for an account.

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.

For more information visit www.e-forcse.com

