



Vermont Prescription Monitoring System
Vermont Department of Health
Division of Alcohol and Drug Abuse Programs
108 Cherry Street, PO Box 70
Burlington VT 05402-0070
Tel: (802) 652-4147
Fax: (802) 651-1573

VPMS Delegate Request Registration Form

Delegate's Information

First Name: Last Name:

Title: DOB:

License # (if Applicable) Email Address:

Proposed Password: (Must contain at least 6 characters: at least 1 capital letter, 1 lowercase letter, and 1 number. Must NOT contain dictionary words or names. View Access Procedures for assistance.)

Subscribed and sworn to before me in the County of, State of, this day of, 20.

NOTARY PUBLIC

My Commission expires:

MUST BE AUTHORIZED BY A REGISTERED PROVIDER FOR WHOM YOU ARE A DELEGATE FOR

Authorizing Provider Name:

Authorizing Provider DEA#:

Authorizing Provider Email Address:

Facility/Practice Name:

Facility/Practice Address:

City/County: State: Zip/Postal Code:

Phone Number: Fax Number:

Authorizing Provider Signature:

Any person who knowingly discloses confidential information not authorized by 18 V.S.A. § 4284(b), shall be subject to imprisonment for not more than one year or a fine of not more than \$1,000, or both, in addition to any penalties under state or federal law, as provided in 18 V.S.A. § 4284.

Mail the following items to the Vermont Prescription Monitoring System:

- Notarized Database Access Form
Signed Copy of Privacy Statement

** Office Use Only **
Date received:

Approved Denied