



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 Registration Form for Vermont Health Care Providers & Dispensers
(Please write clearly)

Name (First, MI, Last, Suffix (Jr., Sr., III))

DOB

Board Certification Specialty:

State Board License Number DEA Number (If applicable, please provide copies of current VT DEA Registration & License)

Email Address:

Facility/Practice Name:

Facility/Practice Address:

City/County: State: Zip/Postal Code:

Phone Number: Fax Number:

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.)

Prescriber/Dispenser's Signature:

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

NOTARY PUBLIC

My Commission expires:

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
Copies of Current VT DEA Registration

** Office Use Only **

Date received:

Approved Denied

**** Office Use Only ****
Date received:

Approved Denied