



Oklahoma PMP - Application for Access

USER INFORMATION

Organization Name

Occupation

First Name

Middle Name

Last Name

Driver's License #

Date of Birth

Date of Application

CONTACT INFO

Address

City

State

County

Zip Code

Cell Phone

Work Phone

FAX Number

Email

PROFESSIONAL INFORMATION

DEA #

NCPDP # (Pharmacy Only)

OBND #

NPI #

LAW ENFORCEMENT ONLY

Assignment

Supervisor

REASON FOR REGISTRATION

Please print out this form and provide a signature. Once completed, FAX the application to (405) 524-7619.

Law enforcement personnel must also FAX a letter from their agency head, on official department stationary, authorizing access. The letter must confirm that the officer requesting access conducts investigations related to the diversion of prescription drugs.

SIGNATURE: _____

DATE _____