



Scott Walker, Governor
Dave Ross, Secretary

APPLICATION TO REACTIVATE AN ACCOUNT

Instructions:

- Provide the information requested below. Incomplete and/or unsigned applications will not be processed.
- Mail, fax, or e-mail the completed application to the Wisconsin PDMP:

Fax Number:
 608-267-3816

E-Mail Address:
 PDMP@wisconsin.gov

Name of License Holder	WI License Number	License Type/Profession	DEA Number (if applicable)
Street Address	City	State	ZIP Code
Date of Birth ____ / ____ / ____	Last 4 Digits of Social Security Number ____	E-Mail Address	

BY SIGNING THIS FORM, I CERTIFY THAT:

- 1) I am the license holder identified above.
- 2A) I have been granted and currently possess an active license in this state that authorizes me to prescribe and administer or to dispense monitored prescription drugs;
 OR,
- 2B) I have been granted and currently possess an active license in another state and am recognized by this state as a person authorized to prescribe and administer or dispense monitored prescription drugs.

FURTHER, I CERTIFY THAT:

- 3) I understand that my use of the WI PDMP database is permitted only in connection with:
 - My rendering of assistance to a patient.
 - A consultation regarding the health of a patient.
 - Situations in which the life or health of a patient appears to be in danger and the information contained in the PDMP database may aid in rendering assistance to him or her.
- 4) I understand that any other access or disclosure of PDMP data is a violation of Wisconsin law and may result in civil sanctions or disciplinary action. I further understand that I will treat the information in the system as any other health care information and will protect the information in my possession in accordance with federal and state laws governing health care information.
- 5) I understand that I am responsible for all use of my user name and password and any use of the system by a delegate to whom I have delegated the task of accessing the WI PDMP database on my behalf. I will never share my password with anyone, including co-workers. If any authentication or password is lost or compromised, or if a delegate who I have authorized to access the system no longer needs that access, I agree to immediately unlink his or her account from my own.
- 6) I understand that all use of the WI PDMP database may be monitored and audited for unusual or potentially unauthorized use.

Signature	Date
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For Office Use Only			
Date Received	<input type="checkbox"/> Approved	Initials	Date of Action
	<input type="checkbox"/> Denied		