



North Dakota Prescription Drug Monitoring Program (NDPDMP)

North Dakota Board of Pharmacy
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Data Requester Notary Form

To be granted access to the NDPDMP database, you must register online and **this form must be filled out in its entirety and signed in front of a Notary Public.** You may then upload this form to your account. If you don't have access to a scanner to be able to upload it yourself, you may fax it to the number above. Once this form is uploaded, the NDPDMP office will verify your information. Completion of this form or your online registration does not guarantee approval.

I affirm that all information on my online data requester registration is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes outlined in North Dakota Century Code 19-03.5 and Rules of the ND Board of Pharmacy under Article 61-12. All data obtained from the site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained. Additionally, I understand that inappropriate access or disclosure of patient profile information received from the NDPDMP database is a violation of state law, and may result in disciplinary action by my licensing board, criminal charges and/or revocation of my database access privileges.

After you receive your account information, you may begin requesting reports. **Be sure to keep your password in a safe place and do not share your login information with anyone.** If you have any questions or need assistance in accessing the NDPDMP system, please feel free to contact the NDPDMP support at 1 (855) 563-4767.

I declare under penalty of law that this application (including any accompanying documents) were examined by me and , to the best of my knowledge and belief, is a true, correct, and complete application.

Printed Name _____ Email Address _____

Signature _____ Date _____

Disclaimer: The information in the ND PDMP database may contain errors resulting from the reporting of information received. The NDPDMP staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.

-----NOTARY PUBLIC USE ONLY-----

Subscribed and verified before me in the County of _____, State of _____,
this _____ day of _____, 20_____.

NOTARY PUBLIC SIGNATURE _____

Commission expires _____

(Place Notary Stamp on this form)