



**West Virginia  
Controlled Substances  
Monitoring Program**



*106 Capitol Street  
Charleston, WV 25301  
(304) 558-8411 | (304) 558-0474*

**Monitoring Program Online User Request Form – Pharmacy**

ALL REQUESTS WILL BE RETURNED IF THE INFORMATION IS NOT LEGIBLE  
PLEASE PRINT OR TYPE ALL INFORMATION. Please fill out completely!  
*You password and user name will be e-mailed back to you.*

Pharmacy Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number E-mail Address

Do you currently have a user name and password to upload data? \_\_\_ Yes \_\_\_ No

Pharmacy DEA number (this will be your user name) \_\_\_\_\_

Names of those who will have access to the site

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I do solemnly swear and affirm that all authorized persons to access the site will maintain the confidentiality of the patient information and will request and share the information only for the treatment purposes or to make decisions about the legitimate dispensing of controlled substances.

\_\_\_\_\_  
Practitioner's Name Signature Date

State of \_\_\_\_\_ County of \_\_\_\_\_.

"Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_."

\_\_\_\_\_

(Official signature and official seal of notary)

