User Registration

Complete form and mail to:

Iowa Prescription Monitoring Program
400 SW 8th Street, Suite E
Des Moines, IA 50309-4688
Phone: 515-281-5944

Profile Information

Organization **Occupation**

Last Name **First Name** **Initial**

Date of Birth **LE Badge Number**

Contact Information

Supervisor's Name

Work Address

City **State** Zip Code

Home Phone **Work Phone**

Cell Phone **Pager Number**

Fax Number

E-mail Address

Preferred contact method

Security Questions

Question 1

Question 2

Question 3

Reason for Registration

I understand that all information obtained from the PMP is privileged and strictly confidential.

Applicant Signature **Date**

Supervisor Signature **Date**

Print Form