

STEP 1

PDMP – Health Information Technology  
Eligible Entity Integration Request Form

**Business Information**

Entity Name: \_\_\_\_\_

Entity Address: \_\_\_\_\_

Entity Phone: \_\_\_\_\_

Entity NPI or Tax ID: \_\_\_\_\_

**Entity Director**

Entity Director Name: \_\_\_\_\_

Entity Director Phone: \_\_\_\_\_

Entity Director E-mail: \_\_\_\_\_

**Entity's Chief Information Officer (or designee or equivalent)**

CIO Name: \_\_\_\_\_

CIO Phone: \_\_\_\_\_

CIO E-mail: \_\_\_\_\_

**Compliance Officer (or designee or equivalent)**

Compliance Officer Name: \_\_\_\_\_

Compliance Officer Phone: \_\_\_\_\_

Compliance Officer E-mail: \_\_\_\_\_

# Entity Contact Responsible for Recruitment of PDMP System Users

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

## Additional Information

Vendor of Health IT system connecting to OR PDMP Gateway Service (i.e. Epic, Cerner): \_\_\_\_\_

Expected number of system users accessing OR PDMP Gateway Service within Entity: \_\_\_\_\_

## Acknowledgement

I acknowledge that all information contained in this request is accurate and complete. I will complete OR PDMP Gateway Service Use Agreement as part of the Approval of Health Information Technology System as specified in OAR 333-023-0830 if I am approved by OHA.

\_\_\_\_\_  
Printed Name of Chief Information Officer, designee or equivalent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Chief Information Officer, designee or equivalent

\_\_\_\_\_  
Date

## Submission

Submit completed form to OHA via **one** of the following methods:

1. Email pdf with signatures to: [PDMP.HEALTH@dhs.oha.state.or.us](mailto:PDMP.HEALTH@dhs.oha.state.or.us) , **OR**
2. Mail to: Prescription Drug Monitoring Program, Oregon Health Authority  
800 NE Oregon Street, Ste. 730, Portland, OR 97232, **OR**
3. Fax: 971-673-0990

Upon Approval by OHA, you will receive a copy of the executed document and advance to STEP 2: Approved Entity completes *Oregon PDMP Gateway Service Use Agreement* for Approved Entities.

## OHA Approval

I \_\_\_\_\_, with the Oregon Health Authority have reviewed and approve  
(Oregon Health Authority, PDMP Representative)

this application on \_\_\_\_\_.  
(Date)