



CANNON BUILDING
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STATE OF DELAWARE

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REGISTRATION OF VENDOR REPRESENTATIVE

INSTRUCTIONS

Registered Vendors of Tamper-Resistant Prescription forms must promptly report any change in vendor representatives to the Division of Professional Regulation (DPR). Use the Service Request *Vendor Representative Change Request* to report changes in vendor representatives associated with your Vendor ID. This form is a submission for both the Registered Vendor application and *Vendor Representative Change Request*. Use this form to designate new vendor reps who need PVS access.

UPLOAD THIS DOCUMENT WITH YOUR APPLICATION OR SERVICE REQUEST IN DELPROS.

VENDOR IDENTIFICATION

- Registered Vendor Name: _____ Vendor ID: VID- _____
- Do you certify that you understand the following requirements?
 - Your place of business must have at least two representatives on-site who will be registered with DPR and responsible for using the Provider Verification System (PVS). Yes No
 - After they register with DPR, *only* your designated representatives will receive communication about and have access to the PVS. Yes No
- Do you certify that you understand the following requirements?
 - You are required to promptly report any change in your vendor representatives to DPR in writing – including both newly designated and departing representatives. Yes No
 - Any newly designated representative is required to register with DPR. Yes No
 - Under no circumstances is information about accessing PVS to be disclosed to any non-registered person, regardless of whether that person is an employee of the vendor. Yes No

Each newly designated representative must complete and sign the section below to attest that he or she understands his or her security responsibilities. DPR will send information about the Prescriber Verification System (PVS) to the attention of the representative at the Vendor's mailing address or to the representative's own direct contact information.

REGISTRATION OF VENDOR REPRESENTATIVE

Representative Name: _____
Last First Middle

Other Names Used: _____

Birth Date (month/day/year): _____ Gender: Male Female

Social Security Number: _____

Your **Direct** Phone at Vendor Business: _____

Your **Direct** Email at Vendor Business: _____

Do you understand that you must **not** disclose your PVS user ID and password to any other person, including persons employed by the Vendor? Yes No

Signature of Vendor Representative: _____ **Date:** _____