

1. Select User Role.
2. Select License Issued by:
 - California DCA or
 - An Agency outside of California
3. Enter email address.
4. Re-enter email address.
5. Click "Submit."

Note: The email address provided will be the exclusive email address to which CURES related correspondence will be sent.

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Links Help

User Registration Prescriber & Dispenser

Application Instructions

To begin your CURES registration, please enter and then confirm your email address. This should be an email account to which only you have access. The email address you select will be the exclusive email address from which you will receive CURES-related correspondence.

Note: If you are with a law enforcement agency or regulatory board and need CURES access, please contact CURES at CURES@doj.ca.gov or (916) 227-3843.

Applicant's Email Confirmation

Note: All fields with (*) are required.

User Role: *

License Issued By: * California Department of Consumer Affairs An Agency outside of California

Email Address: *

Confirm Email: *

Application Validation

Type the text CAPTCHA™

[Privacy & Terms](#)

Accessibility | Change Text Size | Comments/Suggestions | Disclaimer

A confirmation message is displayed once the email address is submitted.

Confirmation Message

Thank you for submitting your email address for confirmation. Further registration instructions will be sent to you via email. If you do not receive an email from CURES 2.0 within one (1) day, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.

[Close](#)

[Accessibility](#) | [Change Text Size](#) | [Comments/Suggestions](#) | [Disclaimer](#)

An email is sent to the applicant with further registration instructions and link to registration page.

CURESregistration@doj.ca.gov
Sent: Sun 10/4/2015 12:01 PM
To: [REDACTED]

*****This is an automated message from an unmonitored mailbox. Replies must be directed to the CURES Help Desk.*****

Thank you for providing your email address to CURES for verification. To complete the email verification process and proceed to the Application Page, please click the link provided below or paste it into your browser:

<https://cures.stg.doj.ca.gov/registration/userRegistrationFormPnD.xhtml?role=Prescriber&licIssuedBy=CA&id=735df1e4-79b9-4e13-b347-2e52307ce831>

If you have questions, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.

Please Note: The email link is valid for 90 days.

(916) 227-3843
CURES@doj.ca.gov

CURES 2.0

Registration (Step 2)

Once applicant clicks the link, they are navigated to the User Registration Form.

1. Complete the registration form.
2. Set up Security Questions and Answers.
 - Answers may not be duplicate.
 - Answers may not contain part of a question.
3. Complete the CAPTCHA.
4. Click "Next."

The screenshot shows the 'User Registration Form' for 'Prescriber & Dispenser' within the State of California Department of Justice Office of the Attorney General system. The form is titled 'User Registration Form Prescriber & Dispenser' and includes a header with the state seal and the name of the Attorney General, Kamala D. Harris. A red error message at the top states: 'State License # and Re-Enter State License # do not match.' The form is divided into several sections: 'Application Instructions', 'Applicant Information', 'Security Questions', and 'Application Validation'. The 'Applicant Information' section includes fields for Role (Prescriber), Title, First Name, Middle Name, Last Name, Suffix, Date of Birth, Social Security Number, and Individual Tax Identification Number. It also includes a note about the Social Security Number (SSN) and Individual Taxpayer Identification Number (ITIN) requirements. The 'Licensing State' is set to California, and the 'License Type' is 'Doctor of Podiatric Medicine (DPM)'. The 'Licensing Board' is 'Board of Optometry'. The 'State License #' and 'e-Enter State License #' fields are empty. The 'DEAR #' and 'mail' fields are also empty. The 'Security Questions' section contains five questions with corresponding answer fields: 'What was the model of your first car?', 'What is your favorite movie?', 'Who is your favorite actor, actress or celebrity?', 'What was the name of your first girlfriend/boyfriend?', and 'What is your Country or employee identification number?'. Below the security questions are two 'Help Desk' questions: 'Where were you New Year's 2000?' and 'Where were you when you first heard about 9/11?'. The 'Application Validation' section at the bottom features a CAPTCHA image with the number '1882' and a 'Log In' button. At the very bottom, there are 'Next' and 'Clear' buttons.

Out-of-State Applicants must attach notarized PDF copies of supporting documents:

- Government-issued photo ID
- State-issued Medical or Pharmacist License
- DEA Registration Certificate (prescribers only)

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Links Help

User Registration Form Prescriber & Dispenser

State License # and Re-Enter State License # do not match.

Application Instructions

To submit an application, complete this online application form. The following list of Supporting Documents must be validly notarized and attached to the application.
Your application must include the following notarized Supporting Documents:
(1) Copy of Government-issued Identification Card or Passport.
(2) Copy of DEA Registration Certificate (prescribers only) and.
(3) Copy of State-issued Medical or Dispenser License.
Notarization: You must personally take your Supporting Documents to be notarized. The notary must affirm that the person appearing is the person identified in the Supporting Documents.
After successful submission of this application form, you will be notified via email of acceptance or denial.
Important Notes: All fields with (*) are required. Applications will NOT be accepted without the required Supporting Documents attached. For assistance, contact the CURES Help Desk at (916) 227-3843 or CURES@doj.ca.gov.

Applicant Information

Role: Prescriber Title:

First Name: * Last Name: *

Middle Name: Suffix:

Date of Birth: *

Licensing State: * License Type: *

Licensing Board:

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

Supporting Documents

Choose

Uploaded File (Max 10M, 10 files total)

1

Document Description:

Security Questions

Security Question 1 * Answer *

Security Question 2 * Answer *

Security Question 3 * Answer *

Security Question 4 * Answer *

Security Question 5 * Answer *

Help Desk Question 1 * Answer *

Help Desk Question 2 * Answer *

Application Validation

The CURES 2.0 Registration Form Review page is displayed with the applicant's information.

By clicking Back, the applicant can return to the registration form to make changes.

Applicant must accept CURES 2.0 Terms and Conditions by checking the box.

Click "Submit."

User Registration Form Review

Prescriber & Dispenser

Note: Please review your CURES application information for accuracy. If this information is correct, please select "Submit" to proceed to the confirmation page. If any of this information is incorrect, please select "Back" to return to the previous screen and then correct the information.

Review Applicant Information

Role:	Prescriber	Title:	
First Name:	OOS	Middle Name:	
Last Name:	Prescriber	Suffix:	
Date of Birth:	<input type="text"/>	Email Address:	<input type="text"/>
SSN:	<input type="text"/>	ITIN:	<input type="text"/>
Licensing State:	AK	Licensing Board:	Medical Board
License Type:	MD	State License#:	<input type="text"/>
DEA#:	<input type="text"/>		

Supporting Document File Name

TEST REG.pdf [View Supporting Document](#)

Application Validation

Certification of Terms and Conditions

CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

CURES 2.0 Schedule II to IV prescription history information enhances safe prescribing and assists prescribers and dispensers to identify prescription drug abusive patients in need of medical intervention and treatment.

Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 11165(c). Law enforcement users must obtain, use, and share this information with criminal justice partners only in conjunction with criminal investigative matters. This data shall not be disclosed, sold, or transferred to any third party.

Any other use of this information is strictly prohibited.

Users of the information herein must know, understand, and abide by these provisions.

The Department of Justice (DOJ) limits access and dissemination of this information to licensed prescribers and licensed pharmacists strictly for patients in their direct care, and regulatory board staff and law enforcement personnel for official oversight or investigatory purposes. DOJ pursues regulatory and/or criminal sanctions for misuse of CURES 2.0 information.

Logging into the CURES 2.0 system signifies you understand and agree to these terms.

I certify the facts stated above are true to the best of my knowledge. I accept the terms and conditions of the User Agreement.

Accessibility | Change Text Size | Comments/Suggestions | Disclaimer

The CURES 2.0 Registration Confirmation page displays:

- Confirmation number
- Applicant information
- Print button

At this stage of the process, the registration form is in the validation and vetting cycle.

An approval or denial notification will be sent via email.

User Registration Confirmation
Prescriber & Dispenser

Application Instructions

Your Confirmation Number is : **CACURES503984**
Print this application immediately for your records.

Review Applicant Information

Role:	Prescriber	Title:	
First Name:	OOS	Middle Name:	
Last Name:	Prescriber	Suffix:	
Date of Birth:		Email Address:	
SSN:		ITIN:	
Licensing State:	AK	Licensing Board:	Medical Board
License Type:	MD	State License#:	
DEA#:			

Supporting Document:
[OOS Prescriber Registration](#)

Certification Of Terms and Conditions

CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

CURES 2.0 Schedule II to IV prescription history information enhances safe prescribing and assists prescribers and dispensers to identify prescription drug abusive patients in need of medical intervention and treatment.

Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 11165(c). Law enforcement users must obtain, use, and share this information with criminal justice partners only in conjunction with criminal investigative matters. This data shall not be disclosed, sold, or transferred to any third party.

Any other use of this information is strictly prohibited.

Users of the information herein must know, understand, and abide by these provisions.

The Department of Justice (DOJ) limits access and dissemination of this information to licensed prescribers and licensed pharmacists strictly for patients in their direct care; and regulatory board staff and law enforcement personnel for official oversight or investigatory purposes. DOJ pursues regulatory and/or criminal sanctions for misuse of CURES 2.0 information.

Logging into the CURES 2.0 system signifies you understand and agree to these terms.

Close

Accessibility | Change Text Size | Comments/Suggestions | Disclaimer

MEDICAL BOARD OF CALIFORNIA LICENSE FORMAT

User Registration Form


Prescriber & Dispenser

Applicant Information

Role: **Prescriber** Title:


First Name: * Last Name: *


Middle Name: Suffix:

Date of Birth: * 

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * **Select One** 

Licensing Board: * **Medical Board of California** 

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

Note: Red arrows in the original image point to the 'Prescriber' role, the 'Medical Board of California' dropdown, the 'State License #' field, the 'Re-Enter State License #' field, and the 'License Type' dropdown.



NOTE: The MEDICAL BOARD license number format is Numeric (1-6 digits).

MEDICAL BOARD OF CALIFORNIA LICENSE FORMAT FOR SPECIAL FACULTY PERMIT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:

First Name: * Last Name: *

Middle Name: Suffix:

Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *

Licensing Board: *

- Select One
- Special Faculty Permit (SFP) - Type A
- Special Faculty Permit (SFP) - Type C
- Special Faculty Permit (SFP) - Type G

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

NOTE: The SPECIAL FACULTY PERMIT license number format is Numeric (1-3 digits).

OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA LICENSE FORMAT

User Registration Form Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:

First Name: * Last Name: *

Middle Name: Suffix:

Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *


Licensing Board: *

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

Osteopathic Medical Board of California
1300 National Drive, Suite 150
Sacramento, CA 95834-1991
(916) 928-8390



DEPARTMENT OF CONSUMER AFFAIRS
dca

OSTEOPATHIC PHYSICIAN AND SURGEON

License No. 20 A1234	Expiration 09/23/2017
JOHN SMITH 1234 SMITH ROAD SACRAMENTO, CA 92186	Original Issuance Date 05/23/2000
Signature _____	Receipt No. 1234

NOTE: The OSTEOPATHIC MEDICAL BOARD license number format is Numeric (1-6 digits).

PHYSICIAN ASSISTANT COMMITTEE LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * Physician Assistant (PA)

Licensing Board: * Physician Assistant Commi

Enter only numeric values for License Number fields.

State License #: * 12345 Re-Enter State License #: * 12345

DEA#: * Email:

dca Physician Assistant Board
DEPARTMENT OF CONSUMER AFFAIRS
2005 Evergreen Street, Suite 1100
Sacramento, CA 95815
www.pac.ca.gov

PHYSICIAN ASSISTANT

LICENSE NO. PA 12345 EXPIRATION 05/30/2016
JOHN SMITH
1234 CURES ROAD
SACRAMENTO, CA 92156

ORIGINAL ISSUANCE DATE 05/31/2011
RECEIPT NO. 123456789

NOTE: The PHYSICIAN ASSISTANT COMMITTEE license number format is Numeric (5 digits).

DENTAL BOARD OF CALIFORNIA LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *



Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *
Licensing Board: *
Dentist - Doctor of Dental Medicine (DMD)
Dentist - Doctor of Dental Surgery (DDS)

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *
DEA#: * Email:

 DEPARTMENT OF CONSUMER AFFAIRS	Dental Board of California 2005 EVERGREEN ST., STE. 1550 SACRAMENTO, CA 95815-3831 916-263-2300 (TOLL FREE 877 729-7789)	
DENTIST		
LICENSE NO. 12345 JOHN SMITH 1234 CURES ROAD SACRAMENTO, CA 92156	EXPIRATION 05/30/2016	ORIGINAL ISSUE DATE 06/01/1990
Signature _____	RECEIPT NO. 123456789	


NOTE: The DENTAL BOARD license number format is Numeric (4-5 digits).

DENTAL BOARD OF CALIFORNIA LICENSE FORMAT FOR SPECIAL PERMIT FOR FACULTY

User Registration Form

Prescriber & Dispenser



Applicant Information

Role: Prescriber Dispenser Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: * 

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * 

 Licensing Board: * 

Enter only numeric values for License Number fields.

 State License #: * Re-Enter State License #: * 

DEA#: * Email:

NOTE: The SPECIAL PERMIT FOR FACULTY license number format is Numeric (1-4 digits).

BOARD OF PODIATRIC MEDICINE LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: **Prescriber** Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * Doctor of Podiatric Medicine (DPM)
Licensing Board: * Board of Podiatric Medicine

Enter only numeric values for License Number fields.

State License #: * 12345 Re-Enter State License #: * 12345
DEA#: * Email:



Dental Board of California

2005 EVERGREEN ST., STE. 1550
SACRAMENTO, CA 95815-3831
916-263-2300 (TOLL FREE 877 729-7789)



DENTIST

LICENSE NO. **12345**
JOHN SMITH
1234 CURES ROAD
SACRAMENTO, CA 92156

EXPIRATION
05/30/2016

ORIGINAL
ISSUE DATE
06/01/1990

Signature _____

RECEIPT NO.
123456789

NOTE: The BOARD OF PODIATRIC MEDICINE license number format is Numeric (5 digits).

NATUROPATHIC MEDICINE COMMITTEE LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *

Licensing Board: *

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

Naturopathic Medicine Committee

1300 National Drive, Suite 150
Sacramento, CA 95834
(916) 928-4785



NATUROPATHIC DOCTOR

License No. Drug Furnishing No. Expiration
05/08/2016

JOHN SMITH
1234 CURES ROAD
SACRAMENTO, CA 92156
Original Issuance Date
05/08/2004

Signature _____ Receipt No.
123

NOTE: The NATUROPATHIC MEDICINE COMMITTEE license number format is Numeric (3-4 digits).

VETERINARY MEDICAL BOARD LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:

First Name: * Last Name: *

Middle Name: Suffix:

Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *

Licensing Board: *

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *

DEA#: * Email:

STATE OF CALIFORNIA

dca
DEPARTMENT OF CONSUMER AFFAIRS

RENEWAL CERTIFICATE

VETERINARIAN

LICENSE NO. VET 12345
RECEIPT NO. 12345678

JOHN SMITH
CURES ANIMAL HOSPITAL
1234 CURES ROAD
SACRAMENTO, CA 92156

VETERINARY MEDICAL BOARD
1747 N. Market Blvd, Suite 230
Sacramento, CA 95834
916.515-5220 / www.vmb.ca.gov

VALID UNTIL MARCH 31, 2017

In accordance with the provisions of Section 4808 of the Business and Professions Code, the person named hereon is issued a Veterinary License.

NOTE: The VETERINARY MEDICAL BOARD license format is Numeric (vary from 4-6 digits).

BOARD OF OPTOMETRY LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser **Title:**

First Name: * **Last Name: ***

Middle Name: **Suffix:**

Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California **License Type: *** Doctor of Optometry (OD)

Licensing Board: * Board of Optometry

Enter only numeric values for License Number fields.

State License #: * **Re-Enter State License #: ***

DEA#: * **Email:**

dca
DEPARTMENT OF CONSUMER AFFAIRS

LICENSE NO. OPT **12345** TPA
RECEIPT NO. 41235678

JOHN SMITH
1234 CURES ROAD
SACRAMENTO CA 92156

BOARD OF OPTOMETRY
2450 DEL PASO ROAD, SUITE 105
SACRAMENTO, CA 95834
916 575-7170

Renewal Certificate
LICENSED OPTOMETRIST VALID UNTIL JUNE 23, 2016

In accordance with the provisions of Section 3055 of the Business and Professions Code, the individual named hereon is licensed as an Optometrist in the State of California and is certified to use Therapeutic Pharmaceutical Agents.

NOTE: The BOARD OF OPTOMETRY license format is Numeric (4-5 digits).

BOARD OF REGISTERED NURSING LICENSE FORMAT

User Registration Form Prescriber & Dispenser

Applicant Information

Role: Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *
Licensing Board: *

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *
DEA#: * Email:

CALIFORNIA

BOARD OF REGISTERED NURSING

Nurse Practitioner Furnishing
Number:

JOHN SMITH

Expiration: 04/30/2017
Status: ACTIVE

NOTE: The BOARD OF REGISTERED NURSING license number format is Numeric (3-8 digits).

BOARD OF REGISTERED NURSING LICENSE FORMAT FOR REGISTERED CERTIFIED NURSE MIDWIFE

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: **Prescriber** Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * Registered Certified Nurse Midwife (CNM)
Licensing Board: * Board of Registered Nursing

Enter only numeric values for License Number fields.

State License #: * 12345 Re-Enter State License #: * 12345
DEA#: * Email:

CALIFORNIA
BOARD OF REGISTERED NURSING

Expiration 12/01/2017
Status ACTIVE

Nurse Midwife Furnishing
Number **12345**
JOHN SMITH



RN

NOTE: The REGISTERED CERTIFIED NURSE MIDWIFE license number format is Numeric (3-8 digits).

BOARD OF REGISTERED NURSING LICENSE FORMAT FOR TEMPORARY REGISTERED NURSE PRACTITIONER

User Registration Form

Prescriber & Dispenser

Applicant Information

Role: Prescriber Dispenser Title:


First Name: * Last Name: *


Middle Name: Suffix:

Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * 

 Licensing Board: *

Enter only numeric values for License Number fields.

 State License #: * Re-Enter State License #: * 

DEA#: * Email:


NOTE: The TEMPORARY REGISTERED NURSE PRACTITIONER license number format is Numeric (3-8 digits).

BOARD OF REGISTERED NURSING LICENSE FORMAT FOR TEMPORARY REGISTERED CERTIFIED NURSE MIDWIFE

User Registration Form

Prescriber & Dispenser


Applicant Information

Role: Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: * 


Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: * 

 Licensing Board: * 

Enter only numeric values for License Number fields.

 State License #: * Re-Enter State License #: * 

DEA#: * Email:

NOTE: The TEMPORARY REGISTERED CERTIFIED NURSE MIDWIFE license number format is Numeric (3-8 digits).

BOARD OF PHARMACY LICENSE FORMAT

User Registration Form Prescriber & Dispenser

Applicant Information

Role: Dispenser Prescriber Title:
First Name: * Last Name: *
Middle Name: Suffix:
Date of Birth: *

Social Security Number Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California License Type: *
Licensing Board: * Board of Pharmacy

Enter only numeric values for License Number fields.

State License #: * Re-Enter State License #: *
DEA#: Email:

 Board of Pharmacy
1625 North Market Blvd.,
Suite N-219
Sacramento, CA 95834
916 574-7900



REGISTERED PHARMACIST

LICENSE NO. RPH 12345 EXPIRATION 03/30/16

JOHN SMITH
1234 CURES ROAD
SACRAMENTO, CA 92156

Signature _____

Receipt No.
12345678

NOTE: The BOARD OF PHARMACY license number format is Numeric (4-5 digits).

DCA LICENSE NUMBER FORMAT

The table below lists the valid formats for license numbers for each Licensing Board.

Licensing Board	License Type	License Number Format
Board of Optometry	Doctor of Optometry (OD)	Numeric (4-5 digits)
Board of Pharmacy	Pharmacist	Numeric (4-5 digits)
Board of Podiatric Medicine	Doctor of Podiatric Medicine (DPM)	Numeric (5 digits)
Board of Registered Nursing	Registered Nurse Practitioner (NP) Registered Certified Nurse Midwife (CNM) Temp Registered Nurse Practitioner (TPF) Temp Registered Certified Nurse Midwife (TMF)	Numeric (3-8 digits)
Dental Board of California	Dentist - Doctor of Dental Surgery (DDS) Dentist – Doctor of Dental Medicine (DMD)	Numeric (4-5 digits)
Dental Board of California	Special Permit for Faculty (SP)	Numeric (1-4 digits)
Medical Board of California	Medical Doctor (MD)	Numeric (1-6 digits)
Medical Board of California	Special Faculty Permit (SPF)	Numeric (1-3 digits)
Naturopathic Medicine Committee	Naturopathic Doctor (ND)	Numeric (3-4 digits)
Osteopathic Medical Board of California	Osteopathic Doctor (DO)	Numeric (1-6 digits)
Physician Assistant Committee	Physician Assistant (PA)	Numeric (5 digits)
Veterinary Medical Board	Doctor of Veterinary Medicine (DVM)	Numeric (digits vary; 4-6 digits)