



Colorado Prescription Drug Monitoring Program Tutorials

How to Create A Prescriber PMP AWARxE Account In seven easy steps, learn how to create an account

Current state law requires all Colorado practitioners who hold a current registration by the federal Drug Enforcement Administration and all pharmacists to maintain a Colorado Prescription Drug Monitoring Program user account.

If you are unsure about your current Colorado PDMP account status, you may contact the Colorado PDMP vendor's support line 24/7 at 855-263-6403 to determine if you already have an account. If you already have an account, but it is associated with an old email address, contact the PDMP state administrator at pdmpinqr@state.co.us or 303 894-5957 to update your PDMP login email address.

A more detailed [User Guide](#) for the PMP AWARxE registration process and use of PMP AWARxE is available on the [DORA PDMP website](#) under the "User Guides" link.



Step 1) To begin your registration, go to colorado.pmpaware.net and click on “Create an Account” link.

Log In

Email

Password

[Reset Password](#)

Log In

Create an Account

Step 2) Enter your email address and create a password.

[Registration Process Tutorial](#)
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Register for an Account

Please create your own account and do not create an account on behalf of someone else.

Email

Confirm Email

Password

Confirm Password

Password Must:

- Minimum of 8 characters
- Contain one upper case letter
- Contain one lower case letter
- Contain one special character (! @ # \$ etc.)
- Maximum of 72 characters

Continue

[Already have an account? Log In](#)

[Need Help?](#)

Step 3) Select your Role. ****Choose Medical Resident****

Account Registration

Tell us about your role

I am:



Select a specific role from below

| |
|--|
| Physician (MD, DO) |
| Dentist |
| Nurse Practitioner / Clinical Nurse Specialist |
| Midwife with Prescriptive Authority |
| Physician Assistant |
| Podiatrist (DPM) |
| Optometrist |
| Pharmacist |
| Out of State Pharmacist |
| Veterinarian |
| Medical Resident |
| IHS Prescriber |
| IHS Dispenser |
| VA Prescriber |
| VA Dispenser |
| Pharmacist's Delegate - Unlicensed |
| Prescriber Delegate - Unlicensed |
| Out of State Prescriber |
| Veterinarian Resident |

Log out, Complete Later

Continue



Step 4) Enter your personal information.

Account Registration

Role category: *Healthcare Professional*
Role: *Physician (MD, DO)* | [Change](#)

Professional Details

* Indicates Required Field

| | | | |
|---------------------------------|---|----------------------------|----------------------|
| DEA Number * | | <input type="text"/> | Add |
| National Provider ID | Autofill Form Autofill the remainder of this form with the information associated with your national provider id number. | | |
| <input type="text"/> | AutoFill Form | | |
| Professional License Number ? * | License Type * | <input type="text"/> | <input type="text"/> |
| Add a Healthcare Specialty * | | Browse All | |
| <input type="text"/> | | | |
| ★ Designates Primary Specialty | | | |

To add your DEA number, enter it in the **DEA Number** field, and then click **Add**. If you have multiple DEA numbers, repeat this process for each DEA number. Once you click **Add**, the DEA number is displayed beneath the **DEA Number** field. If necessary, you may click **Remove** next to a DEA number to remove it.

If you have an NPI number, you can enter it in the **National Provider ID** field, then click **Autofill Form** to auto-populate the form with the demographic information associated with your NPI number.

When entering your license information, select the applicable **License Type** found on your Colorado license credential. When entering the **Professional License Number**, DO NOT enter any leading zeros at the front of your license number on your Colorado license credential.



To search for your specialty, begin typing it in the **Add a Healthcare Specialty** field. A list of specialties matching your search criteria is displayed. Click to select your specialty from the list. The specialty you select will be used for peer comparisons on quarterly Prescriber Reports which are sent to everyone who prescribed at least one opioid, stimulant or sedative during the previous six months. You may add multiple specialties, but only the primary specialty is used for Prescriber Report peer comparisons.

All required fields are marked with a red asterisk. When you have entered all of your personal information, click “Continue” to move to the final registration step.

Personal Information

| | | |
|-------------------------|---|----------------------|
| First Name * | Middle Name | Last Name * |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth * | Last 4 digits of SSN * | |
| <input type="text"/> | <input type="text"/> | |
| Home Address | Home Address Line 2 | |
| <input type="text"/> | <input type="text"/> | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Primary Contact Phone * | Mobile Phone Number | |
| <input type="text"/> | <input type="text"/> | |
| | <small>This may be used for password reset.</small> | |

Employer Information

| | | |
|----------------------|----------------------|----------------------|
| Employer Name | | |
| <input type="text"/> | | |
| Address | Address Line 2 | |
| <input type="text"/> | <input type="text"/> | |
| City | State | Zip Code |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Phone | | |
| <input type="text"/> | | |



Step 5) Review your information and submit your registration.

As you review, if you need to change your role, click **Change**, located at the top of the page next to the role you selected.

If you need to edit your personal information, click **Edit** next to the **Personal Information** section header.

If all information is correct, click **Submit & Continue**. If the information you entered matches the information on your Colorado professional license, your account will be auto-approved. If there are any discrepancies between your registration and your professional license, such as including leading zeros in front of your license number, the application will be sent to the state administrator for review.

[Registration Process Tutorial](#)
[Can't View This File? Get Adobe Acrobat Reader](#)

[← Back](#)

Account Registration

Review Profile Details

Please take a moment to review the information below before submitting.

Role category: *Healthcare Professional*
Role: *Physician (MD, DO)* [Change](#)

DEA Number(s):
National Provider ID:
Professional License Number: License Type:
Healthcare Specialty: *Allopathic & Osteopathic Physicians(Family Medicine)*

Personal Information [Edit](#)

First Name:
Middle Name:
Last Name:
Date of Birth:
Last 4 digits of SSN:
Home Address:
Home Address Line 2:
City:
State:
Zip Code:
Primary Contact Phone:
Mobile Phone Number:
Employer Name:
Address:
Address Line 2:
City:
State:
Zip Code:
Phone:

[Log out, Complete Later](#) [Submit & Continue](#)



Step 6: Verify your email address. Once you have submitted your registration, PMP AWARExE sends an email to the supplied email address for verification of an active email address.

Subject: CO PDMP AWARE Email Verification Request
To: .
From: no-reply-pmpaware@globalnotifications.com
Received: Thu Jun 04 2020 10:32:08 GMT-0600 (Mountain Daylight Time)
Sending IP: 54.240.11.43
Parts: [text](#) [html](#) [Show Links](#)

Attachments: [Subscribe to receive Attachments]

Thank you for beginning your registration with CO PDMP AWARE. We have established your account with the following username and role:


Username:
Your Role(s): Physician (MD, DO).

Please [verify your email](#)

Note: The link contained within the email is only valid for 20 minutes. In the event that time expires, clicking the link will result in a new email verification notification being sent to you. Click the link in the new email to verify your email address.

*Note: If you did not receive the email containing the verification link, you may click **Resend Email** from the Account Registration page.*

Account Registration

 **Status: Your Account is Pending Approval**

Your registration information and documents are being reviewed for approval. Watch your email or log in for status updates.

Email Verification: Not Complete - Please check your email and verify. [Resend Email](#)

[+ Registration Details](#)

[Log Out](#)



Step 7) Account approval. Once your account is approved, you will receive an email stating that your account has been approved and is now active. Once you receive the account approval email, you can log in to PMP AWARE using the email address and password you created when you registered.

Subject: **Welcome To CO PDMP AWARE**
To:
From: **no-reply-pmpaware@globalnotifications.com**
Received: **Thu Jun 04 2020 11:26:21 GMT-0600 (Mountain Daylight Time)**
Sending IP: **54.240.11.133**
Parts: [text](#) [html](#)

[Back To Inbox](#)

Attachments: [\[Subscribe to receive Attachments\]](#)

Your account request for access to CO PDMP AWARE has been approved by the administrator on 2020-06-04. You may now log in for access to the system.