



Pennsylvania Prescription Drug Monitoring Program (PA PDMP)

User Registration Manual

PA PMP AWARe Access link

<https://pennsylvania.pmpaware.net/login>

Log In

Email

Password

[Reset Password](#)

Login

[Create an Account](#)

[Register for a New Account](#)

This tutorial provides you a "step by step" process of registering for a new account in PA PMP AWAR_xE. Once you create an account and it's validated, an approval email will be sent to you.

This tutorial covers how to:

- 1) Create an account;
- 2) Select your role; and
- 3) Complete the registration process.

Log In

Step 1

Email

Password

[Reset Password](#)**Create an Account**

Login

[Create an Account](#)

To begin the process, click on "Create an Account."

Registration Process

Step 2

Create an Account

[Registration Process Tutorial](#) [Get Adobe Acrobat Reader](#)

Email

Password

Password Confirmation

[Save and Continue](#)

Create an Account

Note: Your email is your username.

Passwords must:

- 1) Be at least eight characters; and
- 2) Include one uppercase letter, one symbol (!, @, #, \$, etc.) and one lowercase letter.

*Please make sure to keep your passwords private and safe. Do not share them. Any intentional and/or unintentional and negligent release of information from the PDMP system is subject to civil penalties of not less than \$2,500 for each offense.

Registration Process

Select your User Roles

[Registration Process Tutorial](#) ➔



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Step 3

▼ Healthcare Professional

- Physician (MD, DO)
- Dentist
- Nurse Practitioner / Clinical Nurse Specialist
- Midwife with Prescriptive Authority
- Physician Assistant
- Podiatrist (DPM)
- Optometrist
- Pharmacist
- Medical Resident
- VA Prescriber
- VA Dispenser
- Pharmacist's Delegate - Unlicensed
- Pharmacist's Delegate - Licensed
- Prescriber Delegate - Unlicensed
- Prescriber Delegate - Licensed
- Prescriber without DEA

Select your Role

Select the primary category of your role to expand the list. This will allow you to select your specific role. Click on "Save and Continue" to proceed with the registration process.

Step 4

A link to verify your email address has been sent.

Create an Account

[Registration Process Tutorial](#)



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All fields with an asterisk (*) are required.

Personal

DEA Number(s) *

 [+ Add](#)

DEA Numbers Added

National Provider ID

 [AutoFill Form](#)

Professional License Number *

License Type *

Badge Number

Position, Title, or Rank *

First Name *

Middle Name

Last Name *

Date of Birth *

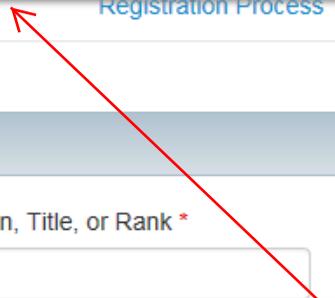
Add a Healthcare Specialty *

[Browse All](#)

Designates Primary Specialty

Primary Contact Phone *

A verification link will be sent to the email address you entered. You will need to click on the link in the email to verify your email address so that your account approval process can begin.



Registration Process

Create an Account

Registration Process Tutorial



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Step 5

All fields with an asterisk (*) are required.

Personal

DEA Number(s) *

 + Add

DEA Numbers Added

National Provider ID

 AutoFill Form

Professional License Number *

License Type *

 ▼

Badge Number

Position, Title, or Rank *

First Name *

Middle Name

Last Name *

Date of Birth *

Add a Healthcare Specialty *

[Browse All](#)



Designates Primary Specialty

Primary Contact Phone *

Multiple DEA numbers can be entered, if necessary.

Save time with the AutoFill feature.

Scroll down to continue to employer section.

Complete Registration Process

- 1) Complete the employer section, making sure to enter information into all required fields.
- 2) AutoFill will automatically fill in information from the NPI ID number you have provided. If AutoFill does not pre-populate, please enter the correct information.
- 3) Please validate that all information entered into the required fields is correct.
- 4) All fields marked with an asterisk are required.

Primary Work Location

Name *

Address *

Address Line 2

City *

State *

Zip Code *

Phone *

Fax

Once all information is entered, please click on "Submit Your Registration."



Submit Your Registration



START LOW. GO SLOW.

www.cdc.gov

GUIDELINE FOR PRESCRIBING
OPIOIDS FOR CHRONIC PAIN

QUESTIONS?

Technical, log-in or registration assistance

855-572-4767 (855-5PA-4PMP)

24 hours a day/7 days a week/365 days in a year

Policy assistance

844-377-7367 (844-377-PDMP)

Mon to Fri - 9 a.m. to 5 p.m.

Email: RA-DH-PDMP@pa.gov

Website: www.doh.pa.gov/PDMP