



COMMONWEALTH OF VIRGINIA

Virginia Department of Health Professions *Prescription Monitoring Program*

Perimeter Center

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REQUEST TO REGISTER AS AN AUTHORIZED DRUG DIVERSION INVESTIGATOR TO RECEIVE INFORMATION FROM THE PRESCRIPTION MONITORING PROGRAM

Please provide the information requested below. (Print or Type) Use full name not initials

Name:		Position:	
Agency Name			
Street Address		City	
State	Virginia	Zip Code	Work Area Code and Telephone Number
Fax Number:	Email Address:	Date of Birth:	

I hereby attest that I am eligible to receive reports under §54.1-2523 (B) of the Code of Virginia from the Prescription Monitoring Program as a:

(Circle Category below and complete information as applicable)

- a. Drug Diversion Agent, Virginia Department of State Police, Division: _____
- b. Drug Diversion Investigator/Agent authorized by Chief of Police for: _____
- c. Drug Diversion Investigator/Agent authorized by Sheriff of: _____
- d. Drug Diversion Investigator/Agent authorized by Chief of Campus Police for: _____

I completed the Virginia State Police Drug Diversion School on: _____ Copy of Certificate Attached:

AFFIDAVIT

(To Be Completed Before a Notary Public)

(Printed Name) _____ certifies that he is the person referred to in this application for registration with the Prescription Monitoring Program and that the information provided is factual and complete.

Signature of Applicant

Subscribed and sworn to me, a notary public in and for the Commonwealth of Virginia at large, on this _____ day of _____, _____. My commission expires on _____, _____

Signature of Notary Public

I hereby attest that I am the chief law-enforcement officer of a state, county, city, town or campus police department and _____ is known to me, has completed the Virginia State Police Drug Diversion School and is a drug diversion investigator/agent entitled to receive reports from the Prescription Monitoring Program pursuant to §54.1-2523 (B) of the Code of Virginia.

Title: _____ **Printed Name:** _____

Signature: _____ **Date:** _____

Subscribed and sworn to me, a notary public in and for the Commonwealth of Virginia at large, on this
_____ **day of** _____, _____. **My commission expires on** _____, _____

Signature of Notary Public

Registration as an agent authorized to receive reports shall expire on June 30 of each even-numbered year or at any time as the agent leaves or alters his current employment or otherwise becomes ineligible to receive information from the program.

For Department Use Only

Date Received:

Director or Designee Signature:

Date Completed: