



# COMMONWEALTH OF VIRGINIA

## Virginia Department of Health Professions

### *Prescription Monitoring Program*

#### *Perimeter Center*

9960 Mayland Drive, Suite 300

Richmond, Virginia 23233

Phone: (804) 367-4514

Fax: (804) 527-4470

Email: [pmp@dhp.virginia.gov](mailto:pmp@dhp.virginia.gov)

Website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)

### REQUEST TO REGISTER AS AN AUTHORIZED INVESTIGATOR FOR THE DEPARTMENT OF CORRECTIONS TO RECEIVE INFORMATION FROM THE PRESCRIPTION MONITORING PROGRAM

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

Name:	Position:
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Agency Name
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Street Address	City
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State Virginia	Zip Code	Work Area Code and Telephone Number
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Fax Number:	Email Address:	Date of Birth:
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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 an Investigator for the Department of Corrections and that I have been designated by the Director of the Department of Corrections or his designee.

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 Director of the Virginia Department of Corrections or his designee, and \_\_\_\_\_ is known to me, has completed the Virginia State Police Drug Diversion School and is an investigator for the Department of Corrections entitled to receive reports from the Prescription Monitoring Program pursuant to §54.1-2523 (B-6) 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 investigator for the Department of Corrections 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:**