



Kansas Prescription Monitoring Program

Kansas Board of Pharmacy
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Update K-TRACS Account Information for Data Requestor Current Users

Please use this form to update K-TRACS information as shown below:

Current Information in the K-TRACS Database:

(Please complete all fields. If something is missing we will be in contact with you.)

Full Name (Please Print): _____ Date of Birth: _____

Email Address: _____

DEA number (if a delegate, employers DEA): _____

National Provider ID (if a delegate, employers #): _____

License Number (ex 1-00000): _____ License Type (ex RN, MD, DDS): _____

Employment Name: _____ Employment Phone: _____

Full Employment Address: _____

Information to be Updated:

- I will no longer be using the K-TRACS database and would like to have my User name disabled.
- My last name has changed to: _____
- My employment info has changed to: _____
Address of employment (full address): _____
City: _____ State: _____ Zip Code: _____ Phone: _____
- My email address has changed to: _____
- My DEA number (if a delegate, employers DEA) has changed to: _____
- My National Provider ID number has changed to: _____
- My supervisor has changed to: _____
Supervisor's Email in K-TRACS: _____
- Other (Please explain): _____

I do solemnly swear under penalty of perjury that the information provided on this form is true and correct.

SIGNATURE

DATE