

**Kansas Prescription Drug Monitoring Program**

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**K-TRACS ACCOUNT UPDATE
Form K-40****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed.

CURRENT INFORMATION

First Name	Last Name	Date of Birth
National Provider ID (if a delegate, provide employer's)		

INFORMATION TO BE UPDATED **Change my email address**

New email address

 Change my employer

New employer name	DEA Number	
Address	Phone	
City	State	Zip

 Change my supervisor

Supervisor's name	Supervisor's email
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 Please remove the following delegate(s):

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 Other (name change, password reset, DEA change, etc)

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 I will no longer be using the K-TRACS database and would like to have my username disabled.**CERTIFICATION**

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand this form and that the information provided is true, correct, and complete to the best of my knowledge.

SIGNATURE

DATE SIGNED