

**STATE BOARD OF PHARMACY**800 SW Jackson, Suite 1414  
Topeka, Kansas 66612-1244  
www.pharmacy.ks.gov (785)296-4056**K-TRACS  
Integration Request Form**

Completed forms must be sent via email to pmpadmin@ks.gov

**HEALTHCARE ENTITY INFORMATION**

- Hospital
- Pharmacy
- Physician's Office
- Health System

Business Name

Address

City

State

Zip

Phone Number

Kansas Registration Number

**PROJECT CONTACT PERSON INFORMATION**

Name

Title

Phone-Main

Phone-Cell

Email

**IT CONTACT (if IT on Staff)**

Name

Title

Phone-Main

Phone-Cell

Email

**SOFTWARE VENDOR INFORMATION**

Software Version

Install Type:

 On-Site Cloud

Name of Primary Contact for Software Vendor

Phone Number

Email

**OFFICE USE ONLY**

Initials: \_\_\_\_\_

APPROVED DENIED

Date: \_\_\_\_\_