



**Kansas Prescription Drug Monitoring Program**  
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 Topeka, Kansas 66612-1244  
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**K-TRACS:  
 Data Requester Notary Form  
 Form K-30**

**INSTRUCTIONS**

This form is for **healthcare** professionals only. Use Form K-30 Data Requester Notary Form for either pharmacy delegate-licensed or prescriber delegate-licensed.  
 To be granted access to the K-TRACS database, you must register online, and **this form must be filled out in its entirety and signed in front of a Notary Public.** You may then upload this form to your account. If you don't have access to a scanner to be able to upload it yourself, you may fax it to (785) 296-8420. Once this form is uploaded, the K-TRACS office will verify your information. Completion of this form or your online registration does not guarantee approval.  
 After you receive your account information, you may begin requesting reports. **Be sure to keep your password in a safe place and do not share your login information with anyone.** If you have any questions or need assistance in accessing the K-TRACS system, please feel free to contact K-TRACS at (785) 296-6547 or pmpadmin@ks.gov.

**CURRENT INFORMATION**

First Name	Last Name
Email address	

**CERTIFICATION**

*I certify under penalty of perjury under the laws of the State of Kansas that all information on my online data requester registration is true and that all requests made pursuant to approval of this registration will be used for legitimate purposes. I understand that all data obtained from the K-TRACS site should be treated as Protected Health Information and handled in accordance with all federal and state laws regarding such. HIPAA and other privacy laws affect the disclosure of any data that is obtained. Additionally, I understand that inappropriate access or disclosure of patient profile information received from the K-TRACS database is a violation of state law, and may result in disciplinary action by my licensing board, criminal charges and/or revocation of my database access privileges.*

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 DATE SIGNED

**NOTARY PUBLIC USE ONLY**

Subscribed and verified before me in the County of \_\_\_\_\_, State of \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Stamp Here)

NOTARY PUBLIC \_\_\_\_\_

My Commission expires \_\_\_\_\_

**Disclaimer:** The information in the K-TRACS database may contain errors resulting from the reporting of information received. The K-TRACS staff suggests that additional independent verification of patient profile information with pharmacies and prescribers may sometimes be prudent or necessary.