

**Kansas Prescription Drug Monitoring Program**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.ktracs.ks.gov (785)296-6547
pmpadmin@ks.gov Fax (785)296-8420

**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	
User Role	State License Number	State	
DEA (skip if role is delegate)		National Provider ID (skip if role is delegate)	

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

New email address

 Change my employer

New employer name	Employer DEA	
Address	Phone	
City	State	Zip

 Change my supervisor

Supervisor's name	Supervisor's email
Supervisor's DEA (use NPI or license number for pharmacist)	

 Please remove the following delegate(s):

Name	Reason
Name	Reason

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

--

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

Reason: Retirement Changing jobs Moving out of Kansas Other (please explain):

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