



Florida's Prescription Drug Monitoring Program

4052 Bald Cypress Way, Bin C-16

Tallahassee, FL 32399

Phone: (850) 245-4797

Fax: (850) 617-6430

e-forcse@flhealth.gov

AUTHORIZED USER CERTIFICATION FORM

Florida Administrative Code Rule 64K-1.003(6)(b), Accessing the Database, requires an Authorized User to review the ***PMP AWARe Law Enforcement and Regulatory User Support Manual*** and complete the ***E-FORCSE® Information Security and Privacy Training Course*** prior to appointment. This form is part of the required documentation that authorized users must complete in order to request information from the E-FORCSE® PMP AWARe database.

FORM INSTRUCTIONS: Please sign and return the completed form to the Agency Administrator. It is the responsibility of the Agency Administrator to maintain copies of the certifications and make them available to the E-FORCSE® program manager upon request.

Name	Title	Badge/Employee ID Number
Agency Name		
Telephone Number	Email Address	
I certify that: 1. I have read and understand the information contained in the PMP AWARe Law Enforcement and Regulatory User Support Manual I have completed the E-FORCSE® Information Security and Privacy Training Course.		
Signature:	Date:	