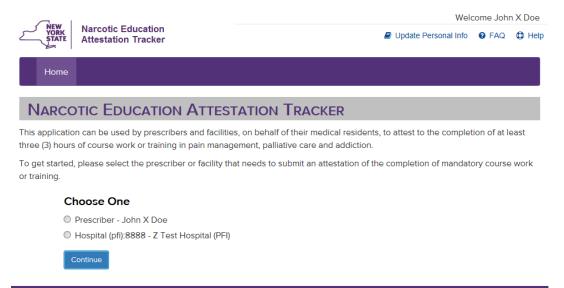
Narcotic Education Attestation Tracker (NEAT)–Prescriber

<u>Complete the steps below to access the Narcotic Education Attestation Tracker (NEAT) application in the NYS Health Commerce</u> <u>System (HCS):</u>

- 1. Log into the HCS at https://commerce.health.state.ny.us
- 2. Under "My Content" click on "All Applications"
- 3. Click on "N"
- 4. Scroll down to Narcotic Education Attestation Tracker (NEAT) and double click to open the application. You may also click on the "+" sign to add this application under "My Applications" on the left side of the Home screen.

Complete the steps below to ATTEST to the completion of the education requirement:

1. Select your name below. If there is more than one option select the "prescriber" button.



2. Fill in the appropriate information in the space provided and click save.

Narcotic Education			Welcome Joh	n X Doe
	STATE Attestation Tracker		i Info 🛛 🚱 FAQ	Help
Home				
CONTACT	INFORMATION			
Please provide conta	act information.			
Email Address	email			
Phone Number	###-###-####			
Mailing Addres	s			
Address Line 1	street address			
Address Line 2				
City	city			
State	NY			
ZIP Code	zip]		
	Save Cancel			
© 2017 NYS Departr	ment of Health - Bureau of Narcotic Enforcement	03/23/	2017 12:08	

3. Check to determine that the information displayed is correct and click "Submit Attestation" button

Home		
PRESCRIB	ER SUMMARY	
Contact Informati	on has been saved	
Prescriber		
Na	me John X Doe	Back To Home
Lice	nse Medicine - 999999	
-	al licenses to prescribe, other than what is I Option 1) for more instructions.	isted above, click here to add licenses, or contact the Commerce Account Management Unit (CAMU)
Contact Info		
Er	nail John.Doe@a.com	Edit Contact Info
Pho	one 555-555-5555	
Mailing Addr	ess 555 Avenue U Nowhere, NY 12203	
	Submit Attestation	Request Exemption

Exemptions will be granted only in very limited circumstances, and not solely on the basis of economic hardship, technological limitations, prescribing volume, practice area, specialty, or board certification.

Attestations

No attestations

4. Review the Attestation Language and click the "I Attest" button if you meet the attestation requirements.

		Welcome John X Doe		
YÖRK	Narcotic Education Attestation Tracker	Update Personal Info	8 FAQ	Help
Home				
PRESC	RIBER ATTESTATION			
Prescriber				
	Name John X Doe			
	License Medicine - 999999			
Attestation				
	Every practitioner licensed under Title Eight of the Education Law in New York to treat humans and register Enforcement Administration (DEA) to prescribe controlled substances must complete three hours of accred on pain management, palliative care and addiction. The following specific topics must be included in the tra and federal requirements for prescribing controlled substances, 2.) pain management, 3.) appropriate presc pain, 5.) palliative medicine, 6.) prevention, screening and signs of addiction, 7.) responses to abuse and ad care. Each practitioner must maintain documentation of completion of required accredited course work or trade of submission of this attestation.	ited course work or traini aining: 1.) New York State cribing, 4.) managing acut Idiction and 8.) end of life	e	
	I hereby attest that:			
	 I have completed a minimum of three hours of required accredited course work or training on pain ma and addiction, which included each of the eight topics specified above. Records of such training shall be available for audit and inspection by the Department of Health, and s years from the date of submission of this attestation. 	-	Ð	
	False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the	Penal Law.		
	I Attest Back to Summary			

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03/23/2017 12:12

5. Below is a summary page that can be printed for your records.

Velcome Joh VORK STATE Attestation Tracker Ø FAQ		Gene John X Doe	
Ye	uun natkei		
Home			
PRESCRIBER	SUMMARY		
Attestation has been s	ubmitted.		
Prescriber			
Name	John X Doe		Back To Home
License	Medicine - 999999		
	enses to prescribe, other than what is listed above, click here to add lic on 1) for more instructions.	enses, or contact the Commerce Account Manage	ment Unit (CAMU)
Contact Info			Edit Contect Info
Email	John.Doe@a.com		Edit Contact Into
Phone	555-555-5555		
Mailing Address	555 Avenue U Nowhere, NY 12203		
You have a current attes	tation.		
Attestations			
Ref#	Attestation Date	Valid Until Date	
61	07/01/2017	06/30/2020	

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03/23/2017 12:36

Complete the steps below to request an exemption from the required education:

In certain limited circumstances, the New York State Department of Health may grant an exemption to the required course work or training to an individual prescriber who clearly demonstrates to the department that there is no need to complete such training.

Exemptions will be granted only in very limited circumstances, and not solely on the basis of economic hardship, technological limitations, prescribing volume, practice area, specialty, or board certification.

1. Click the "Request Exemption" button

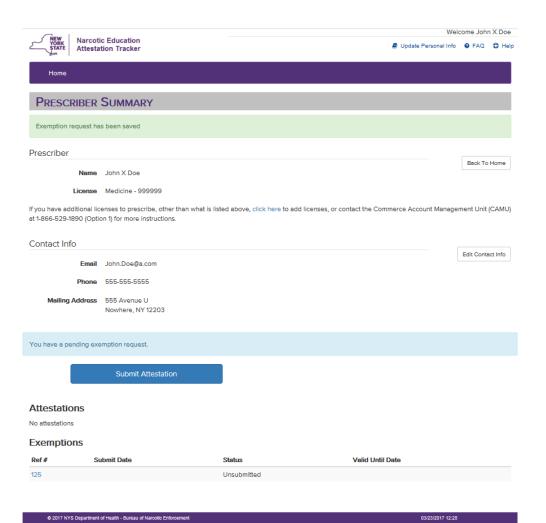
No attestations

Home			
Prescriber	SUMMARY		
Contact Information h	as been saved		
rescriber			
Name	John X Doe		Back To Home
License	Medicine - 999999		
-	enses to prescribe, other than what is lister on 1) for more instructions.	d above, click here to add licenses, or contact the Commerce Account Manage	ment Unit (CAMU)
Email	John.Doe@a.com		Edit Contact Info
Phone	555-555-5555		
Mailing Address	555 Avenue U Nowhere, NY 12203		
	Submit Attestation	Request Exemption	
		Exemptions will be granted only in very limited circumstances, and not solel economic hardship, technological limitations, prescribing volume, practice a board certification.	
Attestations			

2. Justification can be provided by entering text in the box below, OR by uploading supporting documents, OR both. This information can be saved for later or submitted by checking the appropriate box.

NEW Narcotic Educatio		Welcome John X Doe
STATE Attestation Tracke		🛢 Update Personal Info 🛛 🤤 FAQ 🗯 Help
Home		
REQUEST FOR EXEM	ADTION	
Prescriber	IPTION	
Name John X Do	e	
License Medicine -	999999	
Information to Support Nee	d for Exemption	
Provide a detailed description of the circur text field provided or upload a supporting	nstances why there is no need to complete the prescriber mandatory education. You n document using the button below.	nay either enter the circumstances directly into the Justification
Justification	1	
Supporting Documents	No files have been uploaded	
	Uplood Supporting Document	
	department may grant an exemption to the required course work or traini t there is no need to complete such training.	ing to an individual prescriber who clearly
Exemptions will be granted only in v practice area, specialty, or board ce	ery limited circumstances, and not solely on the basis of economic hardsh tification.	ip, technological limitations, prescribing volume,
False statements made herein are p	unishable as a class A misdemeanor pursuant to Section 210.45 of the Pe	anal Law.
	Save For Later Submit Exemption Request Back to Summary	
 2017 NYS Department of Health - Burea 	u of Narcotic Enforcement	03/23/2017 12:15

3. This screen indicates an exemption request has been saved. There is also an option to attest which will cancel the exemption request.



4. This screen allows you to save information for later, submit exemption request or cancel exemption request.

Exemption - Ref #125	Status: Unsubmitted
Prescriber	
Name John X Doe	
License Medicine - 99	9999
Information to Support Need for	pr Exemption
Provide a detailed description of the circumsta text field provided or upload a supporting docu	nces why there is no need to complete the prescriber mandatory education. You may either enter the circumstances directly into the Justification ment using the button below.
Justification	
Supporting Documents	No files have been uploaded
	Upload Supporting Document
	artment may grant an exemption to the required course work or training to an individual prescriber who clearly are is no need to complete such training.
Exemptions will be granted only in very practice area, specialty, or board certific	limited circumstances, and not solely on the basis of economic hardship, technological limitations, prescribing volume, ation.
Falso statemente made herein ere puni	shahla aa a alaan A miadamaanar nursuunt ta Castian 340 45 af tha Danal Lauu



5. This screen indicates an exemption request has been submitted. You can monitor for status updates.

Welcome John X Do					X Doe
	arcotic Education ttestation Tracker		Update Personal Info	S FAQ	🗘 Help
Home					
PRESCRIE	BER SUMMARY				
Exemption requ	est has been submitted				
Prescriber					
M	lame John X Doe			Back To H	lome
Lic	ense Medicine - 999999				
	nal licenses to prescribe, other than what is (Option 1) for more instructions.	listed above, click here to add licenses, or con	tact the Commerce Account Manage	ment Unit (C	CAMU)
Contact Info					
1	mail John.Doe@a.com			Edit Contec	t Info
Р	hone 555-555-5555				
Mailing Ado	Iress 555 Avenue U Nowhere, NY 12203				
You have a pendi	ng exemption request.				
	Submit Attestation				
Attestations	5				
No attestations					
Exemptions	i				
Ref#	Submit Date	Status	Valid Until Date		
125	03/23/2017	Under review			