

Identity Proofing (IDP) & EPCS Activation

Spring 2019

Your clinician is initialized for the Identity Proofing Process.



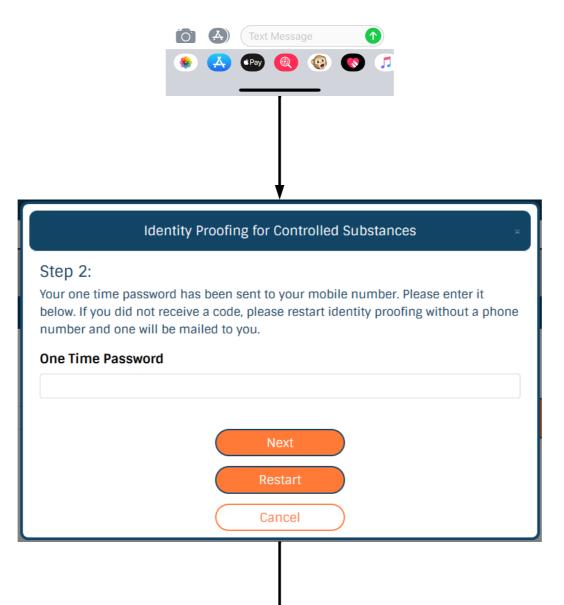
Upon logging into our application, they will be prompted to begin the workflow.

Identity Proofing for Controlled Substances
Identity proofing based on certain financial records is required by the DEA for your continued use of this service. DoseSpot contracts with agencies such as Experian to complete the identification process. In some cases, the information you provide may not match the information available to Experian in the electronic records used for verification. If your identity could not be verified, please contact the Experian Help Desk at 800 831 5614.
I hereby (i) certify that the information provided is my personal and financial information and that it is true and correct, and (ii) authorize DoseSpot to collect, access, receive and transmit my personal and financial information and related data and information through Experian. I hereby forever release and discharge (and covenant not to sue) DoseSpot and its successors and assigns and each of their respective agents, representatives, directors, officers, employees, shareholders, members and managers from any and all liability, claims, demands, losses or damages arising out of, or in any way related to, such disclosure or the identity proofing process.
Step 1:
To comply with DEA regulations for the Electronic Prescribing of Controlled Substances, please enter the following information:
Legal First Name
Legal Middle Name
Legal Last Name
Schneeberger
Home Address
City
State
Kansas
Zipcode
Date of Birth

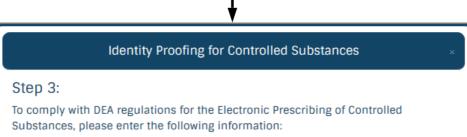
Phone Type	Phone Number
Mobile	~
	to receive a One Time Password to expedite the cess please use a mobile phone number above.
This is a mob	ile number. By checking this box, you agree to receive tex m Experian containing only One Time Passwords. Mobile ressage fees may apply.
Social Security N	umber
Credit Card Numb	per
Credit Card Num	Der
Credit Card Numb	Der
Credit Card Numb	Next
Credit Card Numb	
Credit Card Numb	

One Time Password is immediately sent to the clinician.

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12:42		'II' \$
<	732-873 >	
	Text Message Today 12:41 PM	
	Transaction 7. This number ys. Please do not	



The clinician will complete a short questionnaire based on their credit history

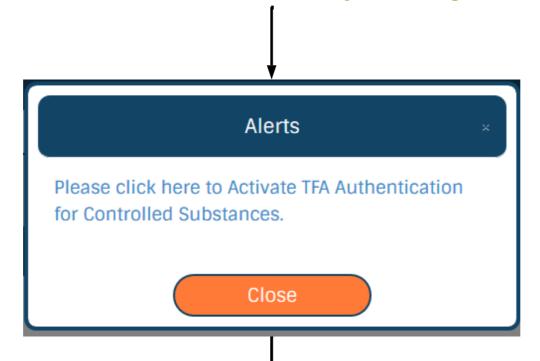


November 2015. Please select the lender to whom you currently make your mortgage payments. If you do not have a mortgage, select 'NONE OF THE ABOVE/DOES NOT APPLY'.	
O1ST NATIONWIDE MTG	
Omid America mortgage	
Obk of amer	
Oge capital mortgage	
ONONE OF THE ABOVE/DOES NOT APPLY	
You may have opened a mortgage loan in or around November 2015. Please select the dollar amount range in which your monthly mortgage payment falls. Refer only to the regular monthly payment which includes principal, interest, and escrow (escrow could include taxes and insurance if collected by lender). If you have not had a mortgage payment now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.	
O\$330 - \$529	
O\$530 - \$729	
O\$730 - \$929	
O\$930 - \$1129	
ONONE OF THE ABOVE/DOES NOT APPLY	
Which one of the following retail credit cards do you have? If there is not a matched retail credit card, please select 'NONE OF THE ABOVE'.	
Omark Foys	
OLA MAISON SIMONS	
OFIELDS	Т
Oholt renfrew	Т
ONONE OF THE ABOVE/DOES NOT APPLY	Т
Next Restart Cancel	
Identity Proofing for Controlled Substances	
Identity Proofing for Controlled Substances	
Step 4: You have successfully completed Identity Proofing.	
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The clinician has now been verified. By using our system, there is no longer a need to wait for a letter from Experian. The clinician can be immediately initialized for EPCS and begin the workflow in the same session.



EPCS is initialized for the clinician and they can begin the **EPCS** process.



Clinicians have the option of using a mobile app or token when signing for controlled substances.

