

Online Electronic Narcotic Education Attestation Tracker–Prescriber

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

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 NEAT (Narcotic Education Attestation Tracker) 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.

The screenshot shows the NEAT application interface. At the top left is the New York State logo and the text "Narcotic Education Attestation Tracker". At the top right, it says "Welcome John X Doe" with links for "Update Personal Info", "FAQ", and "Help". Below this is a purple navigation bar with "Home" selected. A grey banner below the navigation bar reads "NARCOTIC EDUCATION ATTESTATION TRACKER". The main content area contains the following text: "This application can be used by prescribers and facilities, on behalf of their medical residents, to attest to the completion of at least three (3) hours of course work or training in pain management, palliative care and addiction. To get started, please select the prescriber or facility that needs to submit an attestation of the completion of mandatory course work or training." Below this text is a section titled "Choose One" with two radio button options: "Prescriber - John X Doe" and "Hospital (pfi):8888 - Z Test Hospital (PFI)". A blue "Continue" button is positioned below the options. At the bottom of the page, a purple footer bar contains the text "© 2017 NYS Department of Health - Bureau of Narcotic Enforcement" on the left and "03/23/2017 11:15" on the right.

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



Home

CONTACT INFORMATION

Please provide contact information.

Email Address

Phone Number

Mailing Address

Address Line 1

Address Line 2

City

State

ZIP Code

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

Home

PRESCRIBER SUMMARY

Contact Information has been saved

Prescriber

Name John X Doe [Back To Home](#)

License Medicine - 999999

If you have additional licenses to prescribe, other than what is listed above, [click here](#) to add licenses, or contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) for more instructions.

Contact Info

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 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.



[Home](#)

PRESCRIBER 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 registered with the Drug Enforcement Administration (DEA) to prescribe controlled substances must complete three hours of accredited course work or training on pain management, palliative care and addiction. The following specific topics must be included in the training: 1.) New York State and federal requirements for prescribing controlled substances, 2.) pain management, 3.) appropriate prescribing, 4.) managing acute pain, 5.) palliative medicine, 6.) prevention, screening and signs of addiction, 7.) responses to abuse and addiction and 8.) end of life care. Each practitioner must maintain documentation of completion of required accredited course work or training for six years from the date of submission of this attestation.

I hereby attest that:


1. I have completed a minimum of three hours of required accredited course work or training on pain management, palliative care and addiction, which included each of the eight topics specified above.
2. Records of such training shall be available for audit and inspection by the Department of Health, and shall be retained for six years from the date of submission of this attestation.

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](#)

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

**Narcotic Education
Attestation Tracker**

Welcome John X Doe
[Update Personal Info](#) [FAQ](#) [Help](#)

Home

PRESCRIBER SUMMARY

Attestation has been submitted.

Prescriber

Name John X Doe [Back To Home](#)

License Medicine - 999999

If you have additional licenses to prescribe, other than what is listed above, [click here](#) to add licenses, or contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) for more instructions.

Contact Info

Email John.Doe@a.com [Edit Contact Info](#)

Phone 555-555-5555

Mailing Address 555 Avenue U
Nowhere, NY 12203

You have a current attestation.

Attestations

Ref #	Attestation Date	Valid Until Date
61	07/01/2017	06/30/2020

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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

Home

PRESCRIBER SUMMARY

Contact Information has been saved

Prescriber

Name John X Doe

License Medicine - 999999

Back To Home

If you have additional licenses to prescribe, other than what is listed above, [click here](#) to add licenses, or contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) for more instructions.

Contact Info

Email John.Doe@a.com

Phone 555-555-5555

Mailing Address 555 Avenue U
Nowhere, NY 12203

Edit Contact Info

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

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.

 **Narcotic Education Attestation Tracker** Welcome John X Doe
[Update Personal Info](#) [FAQ](#) [Help](#)

[Home](#)

REQUEST FOR EXEMPTION

Prescriber

Name John X Doe

License Medicine - 999999

Information to Support Need for Exemption

Provide a detailed description of the circumstances why there is no need to complete the prescriber mandatory education. You may either enter the circumstances directly into the Justification text field provided or upload a supporting document using the button below.

Justification

Supporting Documents No files have been uploaded
[Upload Supporting Document](#)

In certain limited circumstances, the department 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.

False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the Penal Law.

[Save For Later](#) [Submit Exemption Request](#) [Back to Summary](#)

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

NEW YORK STATE | Narcotic Education Attestation Tracker | Welcome John X Doe | [Update Personal Info](#) | [FAQ](#) | [Help](#)

Home

PRESCRIBER SUMMARY

Exemption request has been saved

Prescriber [Back To Home](#)

Name John X Doe

License Medicine - 999999

If you have additional licenses to prescribe, other than what is listed above, [click here](#) to add licenses, or contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) for more instructions.

Contact Info [Edit Contact Info](#)

Email John.Doe@a.com

Phone 555-555-5555

Mailing Address 555 Avenue U
Nowhere, NY 12203

You have a pending exemption request.

[Submit Attestation](#)

Attestations

No attestations

Exemptions

Ref #	Submit Date	Status	Valid Until Date
125		Unsubmitted	

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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 - 999999

Information to Support Need for Exemption

Provide a detailed description of the circumstances why there is no need to complete the prescriber mandatory education. You may either enter the circumstances directly into the Justification text field provided or upload a supporting document using the button below.

Justification

Supporting Documents

No files have been uploaded

Upload Supporting Document

In certain limited circumstances, the department 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.

False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Save For Later

Submit Exemption Request

Cancel Exemption Request

Back to Summary

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

NEW YORK STATE | Narcotic Education Attestation Tracker | Welcome John X Doe | Update Personal Info | FAQ | Help

Home

PRESCRIBER SUMMARY

Exemption request has been submitted

Prescriber

Name John X Doe [Back To Home](#)

License Medicine - 999999

If you have additional licenses to prescribe, other than what is listed above, [click here](#) to add licenses, or contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) for more instructions.

Contact Info

Email John.Doe@a.com [Edit Contact Info](#)

Phone 555-555-5555

Mailing Address 555 Avenue U
Nowhere, NY 12203

You have a pending exemption request.

[Submit Attestation](#)

Attestations

No attestations

Exemptions

Ref #	Submit Date	Status	Valid Until Date
125	03/23/2017	Under review	

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