

Narcotic Education Attestation Tracker (NEAT)– Prescriber

Complete the steps below to access the Narcotic Education Attestation Tracker (NEAT) 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 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:

The screenshot shows the user interface of the Narcotic Education Attestation Tracker (NEAT) application. 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 navigation bar with "Home" selected. The main heading is "NARCOTIC EDUCATION ATTESTATION TRACKER". Below the heading, there is a paragraph: "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." followed by "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 is a "Choose One" section with two radio button options: "Prescriber - John X Doe" and "Hospital (pfi):8888 - Z Test Hospital (PFI)". A "Continue" button is located below the options. At the bottom of the page, there is a footer with "NYS Department of Health - Bureau of Narcotic Enforcement" on the left and "03/11/2020 15:10" on the right.

1. Enter the appropriate information below:



Home

CONTACT INFORMATION

Please provide contact information.

Email Address

Phone Number

Mailing Address

Address Line 1

Address Line 2

City

State

ZIP Code

Save

Cancel

2. Verify the information is correct and click on "Submit Attestation"

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

3. Enter course completion date. Course information is *OPTIONAL*. 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

Course Completion Date:*

mm/dd/yyyy

Course Information:
(Not Required)

Optional

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 course completion date.

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 course completion date.

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](#)

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

The screenshot shows the 'Narcotic Education Attestation Tracker' interface. At the top right, it says 'Welcome John X Doe' with links for 'Update Personal Info', 'FAQ', and 'Help'. A purple navigation bar contains a 'Home' link. Below this is a grey header for 'PRESCRIBER SUMMARY' and a green message box stating 'Attestation has been submitted.' The 'Prescriber' section shows 'Name: John X Doe' and 'License: Medicine - 999999', with a 'Back To Home' button. A note mentions additional licenses and provides contact info for CAMU. The 'Contact Info' section shows 'Email: John.Doe@a.com', 'Phone: 555-555-5555', and 'Mailing Address: 555 Avenue U, Nowhere, NY 12203', with an 'Edit Contact Info' button. A blue 'Submit Attestation' button is also present. The 'Attestations' table has columns for Ref #, Attestation Date, Course Completion Date, and Valid Until Date, with one entry for Ref # 1587. The footer contains copyright information for the NYS Department of Health and the date 03/23/2017 12:38.

NEW YORK STATE | 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 [Edit Contact Info](#)

Email John.Doe@a.com

Phone 555-555-5555

Mailing Address 555 Avenue U
Nowhere, NY 12203

[Submit Attestation](#)

Attestations

Ref #	Attestation Date	Course Completion Date	Valid Until Date
1587	03/11/2020	03/01/2020	02/28/2023

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'Valid Until Date' – Please note, prescribers must take the required course work or training within three years from the last 'Course Completion Date'.

To Print, click 'Home', then 'Print' in the Health Commerce System menu bar at the top of the page.

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.

Welcome John X Doe

 **Narcotic Education Attestation Tracker** [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.

Welcome John X Doe

 **Narcotic Education
Attestation Tracker** [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.

Welcome John X Doe

 Narcotic Education Attestation Tracker [Update Personal Info](#) [FAQ](#) [Help](#)

Home

PRESCRIBER SUMMARY

Exemption request has been submitted

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	03/23/2017	Under review	

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