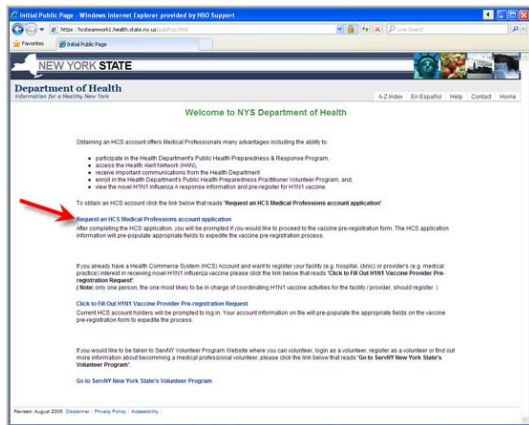


Instructions for filling out the HCS Medical Professions Account Application

This is the New York State Department of Health's Health Commerce System (HCS) Medical Professions Account Application to obtain an HCS account. After the information is verified, the account application will be sent to you via email to be signed by the practitioner and have notarized. If you need assistance filling out this form, contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890.

- In your browser's address bar, type: <https://hcsteamwork1.health.state.ny.us/pub/top.html>



This page is an introduction to the application.

- Click **Request an HCS Medical Professions account application** link to access the form.

A screenshot of the 'Medical Professions Account Request' form in Internet Explorer. The form is titled 'New York State Department of Health Medical Professions Account Request'. It asks the user to 'Please complete this application form.' and to 'Select the type of license that you have, by clicking on one description from the box below *'. The license dropdown menu is open, showing 'Acupuncture', 'Athletic Trainer', and 'Audiologist'. Below this, the user is asked to 'Please enter your name exactly as present in the State Education Department' and to provide 'Last name*', 'First name*', and 'Current NYS Medical license number*'. There is a checkbox for 'I am a Medical Professional that requires immediate access to Swine Flu response and information.' with a note that if checked, the user will be contacted within 24 hours by CAMU. At the bottom, there is a 'Continue' button.

This page checks that your license type (e.g. Medicine, Dentist, etc.), your last name, your first name, and your NYS medical license number match what is in the State Education Department's (SED) database. All fields marked with an asterisk are required.

- Click on your **License Type** to select it. You may have to scroll down to locate it.
- Enter your **Last Name** as it is recorded with SED
- Enter your **First Name** as it is recorded with SED
- Enter your **Current NYS License Number**
- Check the checkbox if you require **immediate access to Swine Flu information** (if applicable)
- Click **Continue**
 - Data entered matches SEDs database, you will advance to the next page.
 - Data entered does not match SEDs database* or a request was already submitted for the same profession and license number**, you will receive one of the following error messages. For assistance, contact CAMU at 1-866-529-1890.

* Practitioner and License number do not match. Please correct information.

** Our system indicates that a request for the same profession and license number has already been made.

Please call the Commerce Accounts Management Unit (CAMU) for assistance at 1-866-529-1890 (M-F 8AM-5PM) or send an email (including your profession and license number) to hinhpn@health.state.ny.us

Select the box that applies to you

This example has the license number blacked out for security reasons.

- Check the check box that applies to you:
 - I am the primary practitioner of a medical practice (incorporated/partnership/proprietorship)
 - I am not the primary practitioner of a medical practice.
- Click **Continue**.

Enter your data on this page

A link to the SED's Online Verification Search page is provided for your convenience.

The practitioner's name, license, and license type is populated from the information entered on the previous page. Enter the required data in the appropriate fields for the following:

- Business Entity Number (only visible if you are the primary practitioner of a medical practice)
- Name of the Medical Practice (only visible if you are the primary practitioner of a medical practice)
- Mailing address
- City
- State (NY is the default)
- Zip
- Phone number and extension
- Fax number
- Title
- Driver's license number or State Issued Photo ID
- Driver's license state (NY is the default)
- DEA number
- Social Security number (last four digits)
- E-mail address (Format: userid@host.domain)
- Re-enter e-mail address (for verification)
- Month, day and year of birth (Format: mm/dd/yyyy)
- Click **Continue**.

An error message will appear next to fields not filled in and are required.

City*	<input type="text"/>	This is a required field
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This page gives you the opportunity to review and modify erroneously entered data

**New York State Department of Health
Practitioner Account Request Application Form**

Please verify information and click 'submit' on the bottom when done.

[Link to State Education Department professions search page](#)

Required fields are in bold letters with an asterisk.

First Name : **David** Middle : **Raymond** Last Name : **Artz**
Current NYS Medical License number : **227338** License Type : **Medicine (Physician)**

[How to look up your State Education Department Business Entity Number instructions](#)

Business Entity Number* :
Name of the medical practice* :
Mailing Address* :
City* :
State* :
Zip* :
Phone Number* : Ext. :
Fax Number* :

Title : (i.e. MD, DDS, DVM etc)
Driver's License number or State Issued Photo ID* :
Driver's License State* :
DEA Number : (enter your DEA number if you have one, otherwise leave it blank)
(2 characters or numbers followed by 7 numbers)
Social Security Number* : (last 4-digits)
E-mail* :
(Email format: userid@host.domain)
Re enter e-mail* :
(Email format: userid@host.domain)
Month/Day/Year of Birth* : (Format: mm/dd/yyyy)

By pressing "Submit" below:

Your request will be reviewed by the NYS Department of Health's Bureau of Narcotics Enforcement and a form will be sent to you shortly via email. If you do not receive the form within 3 business days, please contact the Bureau of Narcotics Enforcement at (866)811-7967 and select option 3 or email docpbml@health.state.ny.us

Click 'Modify Data' to save any changes you just made
Click 'Submit' to complete the application request.
Click 'Go Back' to go to the first page

- To make changes, click in the field, delete incorrect data, enter correct data, and click **Modify Data** to save any changes that you just made; and
- When all the information is accurate, click **Submit** to complete filling out the Practitioner Account Request Application Form.
- To cancel the request, click **Go Back**.

By clicking "Submit":

Your request will be reviewed by the NYS Department of Health's Bureau of Narcotics Enforcement and a form will be sent to you shortly via email. If you do not receive the form within 3 business days, please contact the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 or email docpbml@health.state.ny.us

This page is thanking you for submitting an account request, and it allows Medical Professionals to register for additional information.

**New York State Department of Health
Medical Professions Account Request**

Thank you for submitting the application. Your request will be sent to the NYS Department of Health's Bureau of Narcotics Enforcement for review and a form will be sent to you shortly via email.

If you do not receive the form within 3 business days, please contact the Commerce Accounts Management Unit (CAMU) at (866) 529-1890 or email docpbml@health.state.ny.us

Links / Information For Medical Professionals

If you would like to be taken to ServNY Volunteer Program Website where you can volunteer, login as a volunteer, register as a volunteer or find out more information about becoming a medical professional volunteer, please click the link below that reads 'Click for Volunteer Management System'.

[Click for Volunteer Management System](#)

From here, Medical Professionals can either:

- Register as a volunteer by clicking **Click for Volunteer Management System**; or
- Close the browser's tab or exit the browser to finish the process.