

Narcotic Education Attestation Tracker (NEAT)–Institution

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 for your facility:

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 purple navigation bar with "Home" selected. The main heading is "NARCOTIC EDUCATION ATTESTATION TRACKER". Below the heading 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." There is a "Choose One" section with two radio button options: "Prescriber - John X Doe" and "Hospital (pfi):8888 - Z Test Hospital (PFI)". A blue "Continue" button is below the options. At the bottom, a purple footer bar contains "NY 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.

First Name

Last Name

Email Address

Phone Number

Mailing Address

Address Line 1

Address Line 2

City

State

ZIP Code

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



[Home](#)

FACILITY SUMMARY

Facility

Name Z Test Hospital (PFI)

[Back To Home](#)

Organization Hospital (pfi) - 8888

Contact Info

Name John Doe

[Edit Contact Info](#)

Email John.Doe@abc.com

Phone 555-555-5555

Mailing Address 555 Avenue Q
Testing
Nowhere, NY 12203

[Submit Attestation](#)

Attestations

No Attestations

3. Enter your course completion date and facility DEA number(s) in the appropriate boxes
4. Attest by clicking the "I Attest" button.



[Home](#)

FACILITY ATTESTATION

Facility

Name Z Test Hospital (PFI)

Organization Hospital (pfi) - 8888

For medical residents who prescribe under a facility's DEA registration number, the facility must attest to the completion of the required mandatory prescriber education. The facility shall maintain a list of all residents included in the attestation. It is not necessary to provide this listing to the Bureau of Narcotic Enforcement. Such lists shall be maintained for a period of six (6) years.

Course Completion Date:*

mm/dd/yyyy

Course Information:
(Not Required)

Optional

Facility DEA Registration Number(s):*

DEA1, DEA2, ...

Do not enter prescriber DEA numbers.

Every medical resident practicing in New York State under a facility registration number from 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.

I hereby attest that:

1. Each medical resident of the facility identified is authorized to prescribe controlled substances under its facility DEA registration number and has completed on the date indicated, a minimum of three hours of accredited course work or training on pain management, palliative care, and addiction, which includes each of the eight topics specified.
2. Records of such training shall be available for audit and inspection by the Department of Health, and shall be retained by the facility for six years from the date of completion for the residents covered under this attestation.
3. I am authorized to make this attestation on behalf of the facility identified.

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. Confirmation that the attestation has been submitted successfully. Valid until date - residents must take the required course work or training within one year from the last 'Course Completion Date'.



[Home](#)

FACILITY SUMMARY

Facility

Name: Z Test Hospital (PFI)
Organization: Hospital (pfi) - 8888
DEA Number: AA3333111

[Back To Home](#)

Contact Info

Name: John Doe
Email: John.Doe@abc.com
Phone: 555-555-5555
Mailing Address: 555 Avenue Q
Testing
Nowhere, NY 12203

[Edit Contact Info](#)

You have a current attestation.

[Submit Attestation](#)

Attestations

Ref #	Attestation Date	Course Completion Date	Valid Until Date	Attestation DEA Number
1116	03/11/2020	02/05/2020	02/04/2021	AA3333111