**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](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:**

![Narcotic Education Attestation Tracker](image)
1. Enter the appropriate information below:
2. Verify the information is correct and click on “Submit Attestation”

PREScriber SUMMARY

Contact Information has been saved

Prescriber

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

Email: JohnDoe@email.com
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 \textit{OPTIONAL}. Review the Attestation Language and click the “I Attest” button if you meet the attestation requirements.

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.

\textit{False statements made herein are punishable as a class A misdemeanor pursuant to Section 210.45 of the Penal Law.}
4. Below is a summary page that can be printed for your records.

*NOTE: Attestations are valid only for THREE years.
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

   - **Prescriber Summary**
     - **Contact Information has been saved**

   - **Prescriber**
     - **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 2) for more instructions.

   - **Contact Info**
     - **Email**: John.Doe@a.com
     - **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
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.

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

Uploaded 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.

Submit Exemption Request

Back to Summary
3. This screen indicates an exemption request has been saved. There is also an option to attest which will cancel the exemption request.
4. This screen allows you to save information for later, submit exemption request or cancel exemption request.

**Exemption - Ref #125**

<table>
<thead>
<tr>
<th>Prescriber</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>License</strong></td>
</tr>
</tbody>
</table>

**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**

No files have been uploaded

**Supporting Documents**

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

Exemption request has been submitted

Prescriber

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 1-866-526-1690 (Option 1) for more instructions.

Contact Info

Email: John.Doe@st.com
Phone: 555-556-5566
Mailing Address: 555 Avenue U, Newhara, NY 12203

Submit Attestation

You have a pending exemption request.

Exemptions

<table>
<thead>
<tr>
<th>Ref #</th>
<th>Submit Date</th>
<th>Status</th>
<th>Valid Until Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>126</td>
<td>03/23/2017</td>
<td>Under review</td>
<td></td>
</tr>
</tbody>
</table>

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