Registration (Step 1)

1. Select User Role.

2. Select License Issued by:
   - California DCA or
   - An Agency outside of California

3. Enter email address.

4. Re-enter email address.

5. Click "Submit."

Note: The email address provided will be the exclusive email address to which CURES related correspondence will be sent.
A confirmation message is displayed once the email address is submitted.

An email is sent to the applicant with further registration instructions and link to registration page.

Please Note: The email link is valid for 90 days.
Registration (Step 2)

Once applicant clicks the link, they are navigated to the User Registration Form.

1. Complete the registration form.

2. Set up Security Questions and Answers.
   - Answers may not be duplicate.
   - Answers may not contain part of a question.

3. Complete the CAPTCHA.

4. Click "Next."
Out-of-State Applicants must attach notarized PDF copies of supporting documents:

- Government-issued photo ID
- State-issued Medical or Pharmacist License
- DEA Registration Certificate (prescribers only)
The CURES 2.0 Registration Form Review page is displayed with the applicant’s information.

By clicking Back, the applicant can return to the registration form to make changes.

Applicant must accept CURES 2.0 Terms and Conditions by checking the box.

Click "Submit."

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**Certification of Terms and Conditions**

CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

CURES 2.0 Schedule II to IV prescription history information enhances safe prescribing and assists prescribers and dispensers to identify prescription drug abusive patients in need of medical intervention and treatment.

Prescribing practitioners and dispensers must treat this information in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA), the California Confidentiality of Medical Information Act, and Health & Safety Code section 11165(c). Law enforcement users must obtain, use, and share this information with criminal justice partners only in conjunction with criminal investigative matters. This data shall not be disclosed, sold, or transferred to any third party.

Any other use of this information is strictly prohibited.

Users of the information herein must know, understand, and abide by these provisions.

The Department of Justice (DOJ) limits access and dissemination of this information to licensed prescribers and licensed pharmacists strictly for patients in their direct care, and regulatory board staff and law enforcement personnel for official oversight or investigatory purposes. DOJ pursues regulatory and/or criminal sanctions for misuse of CURES 2.0 information.

Logging into the CURES 2.0 system signifies you understand and agree to these terms.
The CURES 2.0 Registration Confirmation page displays:

- Confirmation number
- Applicant information
- Print button

At this stage of the process, the registration form is in the validation and vetting cycle.

An approval or denial notification will be sent via email.
NOTE: The **MEDICAL BOARD** license number format is Numeric (1-6 digits).
NOTE: The **SPECIAL FACULTY PERMIT** license number format is Numeric (1-3 digits).
NOTE: The OSTEOPATHIC MEDICAL BOARD license number format is Numeric (1-6 digits).
PHYSICIAN ASSISTANT COMMITTEE LICENSE FORMAT

User Registration Form
Prescriber & Dispenser

NOTE: The PHYSICIAN ASSISTANT COMMITTEE license number format is Numeric (5 digits).
NOTE: The DENTAL BOARD license number format is Numeric (4-5 digits).
NOTE: The **SPECIAL PERMIT FOR FACULTY** license number format is Numeric (1-4 digits).
NOTE: The BOARD OF PODIATRIC MEDICINE license number format is Numeric (5 digits).
NATUROPATHIC MEDICINE COMMITTEE LICENSE FORMAT

User Registration Form
Prescriber & Dispenser

Role: Prescriber
Title:
First Name: *
Last Name: *
Middle Name:
Suffix:
Date of Birth: *

Social Security Number
Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

Licensing State: California
Licensing Board: Naturopathic Medicine Comm

Enter only numeric values for License Number fields.

State License #: 123
Re-Enter State License #: 123
DEA#: *

Naturopathic Medicine Committee
1300 National Drive, Suite 150
Sacramento, CA 95834
(916) 928-4785

NOTE: The NATUROPATHIC MEDICINE COMMITTEE license number format is Numeric (3-4 digits).
NOTE: The VETERINARY MEDICAL BOARD license format is Numeric (vary from 4-6 digits).
NOTE: The BOARD OF OPTOMETRY license format is Numeric (4-5 digits).
### BOARD OF REGISTERED NURSING LICENSE FORMAT

**User Registration Form**  
Prescriber & Dispenser

<table>
<thead>
<tr>
<th>Applicant Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role: Prescriber</td>
</tr>
<tr>
<td>Title:</td>
</tr>
<tr>
<td>First Name: *</td>
</tr>
<tr>
<td>Last Name: *</td>
</tr>
<tr>
<td>Middle Name:</td>
</tr>
<tr>
<td>Suffix:</td>
</tr>
<tr>
<td>Date of Birth: *</td>
</tr>
</tbody>
</table>

**Social Security Number**  
Individual Tax Identification Number

Social Security Number (SSN) is required. Individuals lacking an SSN are required to provide the Individual Taxpayer Identification Number (ITIN). This information is used to verify applicant identity. The SSN/ITIN is purged upon application approval or after 90 days, whichever occurs first.

<table>
<thead>
<tr>
<th>Licensing State: California</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type: Registered Nurse Practitioner (NP)</td>
</tr>
<tr>
<td>Licensing Board: Board of Registered Nurses</td>
</tr>
</tbody>
</table>

Enter only numeric values for License Number fields.

<table>
<thead>
<tr>
<th>State License #: * 12345</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-Enter State License #: * 12345</td>
</tr>
<tr>
<td>DEA#: *</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

**NOTE:** The **BOARD OF REGISTERED NURSING** license number format is **Numeric (3-8 digits).**

**CALIFORNIA**

**BOARD OF REGISTERED NURSING**

Nurse Practitioner Furnishing Number: 12345
JOHN SMITH

Expiration: 04/30/2017
Status: ACTIVE
NOTE: The TEMPORARY REGISTERED NURSE PRACTITIONER license number format is Numeric (3-8 digits).
NOTE: The **TEMPORARY REGISTERED CERTIFIED NURSE MIDWIFE** license number format is Numeric (3-8 digits).
NOTE: The BOARD OF PHARMACY license number format is Numeric (4-5 digits).
DCA LICENSE NUMBER FORMAT

The table below lists the valid formats for license numbers for each Licensing Board.

<table>
<thead>
<tr>
<th>Licensing Board</th>
<th>License Type</th>
<th>License Number Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Optometry</td>
<td>Doctor of Optometry (OD)</td>
<td>Numeric (4-5 digits)</td>
</tr>
<tr>
<td>Board of Pharmacy</td>
<td>Pharmacist</td>
<td>Numeric (4-5 digits)</td>
</tr>
<tr>
<td>Board of Podiatric Medicine</td>
<td>Doctor of Podiatric Medicine (DPM)</td>
<td>Numeric (5 digits)</td>
</tr>
<tr>
<td>Board of Registered Nursing</td>
<td>Registered Nurse Practitioner (NP)</td>
<td>Numeric (3-8 digits)</td>
</tr>
<tr>
<td></td>
<td>Registered Certified Nurse Midwife (CNM)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temp Registered Nurse Practitioner (TPF)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Temp Registered Certified Nurse Midwife (TMF)</td>
<td></td>
</tr>
<tr>
<td>Dental Board of California</td>
<td>Dentist - Doctor of Dental Surgery (DDS)</td>
<td>Numeric (4-5 digits)</td>
</tr>
<tr>
<td></td>
<td>Dentist – Doctor of Dental Medicine (DMD)</td>
<td></td>
</tr>
<tr>
<td>Dental Board of California</td>
<td>Special Permit for Faculty (SP)</td>
<td>Numeric (1-4 digits)</td>
</tr>
<tr>
<td>Medical Board of California</td>
<td>Medical Doctor (MD)</td>
<td>Numeric (1-6 digits)</td>
</tr>
<tr>
<td>Medical Board of California</td>
<td>Special Faculty Permit (SPF)</td>
<td>Numeric (1-3 digits)</td>
</tr>
<tr>
<td>Naturopathic Medicine Committee</td>
<td>Naturopathic Doctor (ND)</td>
<td>Numeric (3-4 digits)</td>
</tr>
<tr>
<td>Osteopathic Medical Board of California</td>
<td>Osteopathic Doctor (DO)</td>
<td>Numeric (1-6 digits)</td>
</tr>
<tr>
<td>Physician Assistant Committee</td>
<td>Physician Assistant (PA)</td>
<td>Numeric (5 digits)</td>
</tr>
<tr>
<td>Veterinary Medical Board</td>
<td>Doctor of Veterinary Medicine (DVM)</td>
<td>Numeric (digits vary; 4-6 digits)</td>
</tr>
</tbody>
</table>