

# Prescriber - Register New Designee



Welcome [DEA# or Unique ID] [Logout](#)

Have Questions? Call our toll-free number 1-866-495-0654

THE ONLY WAY

- HOME
- PRESCRIBER ACTIVATION
- REGISTER NEW PATIENT
- ABOUT ISOTRETINOIN
- ABOUT IPLEDGE
- MANAGE PATIENTS
- PRESCRIBER INFORMATION
- ORDER MATERIALS
- UPDATE MY INFORMATION
- ACCEPT PATIENT
- MANAGE DELEGATES/DESIGNEES
- MY PROGRAM STATUS
- FIND A PARTICIPATING PHARMACY
- FAQS
- ACTION REQUIRED LIST

## Register New Designee

Designees are office staff that are registered in the iPLEDGE Program. To register the designee, enter the designee information and click the Save and Print button.

**Note:** The registered prescriber is responsible for all information entered and activities performed in the iPLEDGE Program by all designees under his/her supervision.

All fields below are required unless otherwise indicated.

First Name	MI (Optional)
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	
City	
<input type="text"/>	
State	Zip
<input type="text" value="Select"/>	<input type="text"/>
Phone Number	
<input type="text"/>	
Fax (Optional)	
<input type="text"/>	
Email (Optional)	
<input type="text"/>	
Preferred Method of Communication	
<input type="text" value="Select"/>	

### Save and print designee's registration

To complete your designee's registration, click the Save and Print button below, have the designee sign the form, then mail or fax the signed form to the address or fax number on the form.

[Save and Print](#)

## Register New Designee

Designees are office staff that are registered in the iPLEDGE Program. To register the designee, enter the designee information and click the Save and Print button.

**Note:** The registered prescriber is responsible for all information entered and activities performed in the iPLEDGE Program by all designees under his/her supervision.

All fields below are required unless otherwise indicated.

First Name  MI (Optional)

Last Name

Address

City

State  Zip

Phone Number

Fax (Optional)

Email (Optional)

Preferred Method of Communication

Save and print designee's registration

To complete your designee's registration, click the Save and Print button below, have the designee sign the form, then mail or fax the signed form to the address or fax number on the form.

Save and Print



# iPLEDGE®

Committed to Pregnancy Prevention

Have Questions? Call our toll-free number **1-866-495-0654**

## Designee Registration

### Mail To

iPLEDGE - Committed to Pregnancy Prevention

PO BOX 2904

Phoenix AZ 85038-9978

### Or Fax to

1-866-495-0660

### Designee Number

S2841734

### Your Information:

Jeff Brevikski

7510 East Camelback Road

Scottsdale, AZ 85251

Phone 555-555-5555 Fax

Email [jbrevikski@test.com](mailto:jbrevikski@test.com)

Preferred Method of Communication Email

---

Designee Signature

Date

[Return to Home Page](#)



## REGISTERING AND MANAGING OFFICE STAFF DESIGNEES

As a registered prescriber, you may designate a member of your office staff to perform most patient activities for you in the iPLEDGE system. An Office Staff Designee must be registered in the iPLEDGE Program and receive a unique username and password. You may assign a member of your staff as your Office Staff Designee once the registration process has been completed. A registered and designated Office Staff Designee may perform most patient activities for you in the iPLEDGE system. A registered and designated Office Staff Designee may **NOT** confirm the serious medical reason(s) exemption process in the iPLEDGE system on your behalf, as the confirmation requires the digital signature of a registered prescriber.

**The registered prescriber is responsible for all information entered and activities performed in the iPLEDGE system by the Office Staff Designee.**

### Registering An Office Staff Designee

Go to [www.ipledgeprogram.com](http://www.ipledgeprogram.com) and log in by entering your username (DEA number or program-generated username) and password. You will be presented with the Prescriber home page. Select the “**Manage Delegates/Designees**” button. The Manage Delegates and Designees page will be displayed. Select the “**Register New Designee**” button. The Office Staff Designee Registration form will be presented. Have the Office Staff Designee follow the registration instructions on the form to complete the registration.

### Managing Office Staff Designees

Go to [www.ipledgeprogram.com](http://www.ipledgeprogram.com) and log in by entering your username (DEA number or program-generated username) and password. You will be presented with the Prescriber home page. Select the “**Manage Delegates/Designees**” button. The Manage Delegates and Designees page will be presented. Select the “**Manage Designees**” button to display the Manage Designees page. On the Manage Designees page, enter the Office Staff Designee’s iPLEDGE username and select “**Add.**”

It is important to note the following:

- Your Office Staff Designee’s access to activities in the iPLEDGE system is dependent on your access to the system. Specifically, if you have not been activated in the system or if your activation has expired, your Office Staff Designee will not be able to perform activities in the iPLEDGE system.
- Although several prescribers may utilize the same Office Staff Designee, the Office Staff Designee only needs to register in the iPLEDGE Program once.

# Prescriber Registration – For Prescribers (Button) from Public Home Page

Welcome  
Have Questions? Call our toll-free number 1.800.455.1834

**THE ONLY WAY** 

- HOME**
- PATIENT INFORMATION**
- ABOUT ISOTRETINOIN**
- ABOUT IPLEDGE**
- PRESCRIBER INFORMATION**
- FIND A PARTICIPATING PHARMACY**
- FAQS**

## Prescriber Registration

Attention: This registration page is for licensed prescribers only. If you are a patient, you must be registered in the iPLEDGE Program by your doctor.

### Create Prescriber Username

Please provide your DEA number. This will be used as your Username to identify you in the program and for you to login to the iPLEDGE Program system using the phone or internet site. The DEA number provided must be your DEA number, not an institutional or shared DEA number. Please provide only one DEA number if you have more than one.

If you do not have a DEA number, check the box indicating that you would like the program to generate a Username to be used to identify you in the program. This program generated Username will be shipped to you in your prescriber educational kit.

DEA Number  or  Generate Username

### Prescriber Contact Information

Enter or confirm your information. All fields below are required unless otherwise indicated.

First Name

MI (Optional)  Suffix (Optional)   
MD

Last Name

Specialty (Optional)  
Derm

Practice Name (Optional)

Address

City

State  Zip

Preferred Method of Communication  
Email

Phone Number  Ext (Optional)

Email (Optional)

Fax (Optional)

### Prescriber Identifiers

This notification is to inform you that with the launch of the REMS Pharmacy Network, the iPLEDGE Program will require prescribers to provide a National Provider Identifier (NPI). If your NPI is not on file with the iPLEDGE Program, you will be prompted to enter your NPI upon first log-in to the enhanced iPLEDGE Program. Additionally, if you are registered with the Drug Enforcement Administration (DEA), the system will require entry of your DEA number. Failure to supply these identifiers may result in your patients' prescriptions not being authorized for dispensing.

DEA

NPI

I do not have a DEA

### Select Delegates (Optional)

DEA Number or Username   Delegates List

Expiration Date (mm/dd/yyyy)

Click the **Save and Print** button below. This will present a print friendly registration form for your signature. After printing and signing, return the form to the address or fax number found on the form.

iPLEDGE Terms of Use | Safety Notice | Non-Compliance Action Policy | © 2016 iPLEDGE

## Prescriber Registration

Attention: This registration page is for licensed prescribers only. If you are a patient, you must be registered in the iPLEDGE Program by your doctor.

### Create Prescriber Username

Please provide your DEA number. This will be used as your Username to identify you in the program and for you to login to the iPLEDGE Program system using the phone or internet site. The DEA number provided must be your DEA number, not an institutional or shared DEA number. Please provide only one DEA number if you have more than one.

If you do not have a DEA number, check the box indicating that you would like the program to generate a Username to be used to identify you in the program. This program generated Username will be shipped to you in your prescriber educational kit.

DEA Number  or  Generate Username

### Prescriber Contact Information

Enter or confirm your information. All fields below are required unless otherwise indicated.

First Name

MI (Optional)  Suffix (Optional)

Last Name

Specialty (Optional)

Practice Name (Optional)

Address

City

State  Zip

Preferred Method of Communication

Phone Number  Ext (Optional)

Email (Optional)

Fax (Optional)

### Prescriber Identifiers

This notification is to inform you that with the launch of the REMS Pharmacy Network, the iPLEDGE Program will require prescribers to provide a National Provider Identifier (NPI). If your NPI is not on file with the iPLEDGE Program, you will be prompted to enter your NPI upon first log-in to the enhanced iPLEDGE Program. Additionally, if you are registered with the Drug Enforcement Administration (DEA), the system will require entry of your DEA number. **Failure to supply these identifiers may result in your patients' prescriptions not being authorized for dispensing.**

DEA

NPI

I do not have a DEA

### Select Delegates (Optional)

DEA Number or Username

Add

Delegate List

Expiration Date (mm/dd/yyyy)

Remove

Click the **Save and Print** button below. This will present a print friendly registration form for your signature. After printing and signing, return the form to the address or fax number found on the form.

Save and Print



**iPLEDGE®**

Committed to Pregnancy Prevention

Have Questions? Call our toll-free number **1-866-495-0654**

## Prescriber Registration

**Mail To**

iPLEDGE - Committed to Pregnancy Prevention  
PO BOX 2904  
Phoenix AZ 85038-9978

**Or Fax to**

1-866-495-0660

**Username**

AB1234567

**Your Information:**

Jane Smith MD Derm  
Scottsdale Clinic  
123 Test Drive  
Blue Bell, PA 18754  
Phone Number 555-555-1212  
Email test@aol.com  
Preferred Method of Communication Email

**Your delegates:**

None Selected

**Identifiers:**

DEA - AB123456  
NPI - 1234567890

---

Prescriber Signature

Date

[Return to Home Page](#)