

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.

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Links Help

User Registration Prescriber & Dispenser

Application Instructions

To begin your CURES registration, please enter and then confirm your email address. This should be an email account to which only you have access. The email address you select will be the exclusive email address from which you will receive CURES-related correspondence.

Note: If you are with a law enforcement agency or regulatory board and need CURES access, please contact CURES at CURES@doj.ca.gov or (916) 227-3843.

Applicant's Email Confirmation

Note: All fields with (*) are required.

User Role: *

License Issued By: * California Department of Consumer Affairs An Agency outside of California

Email Address: *

Confirm Email: *

Application Validation

Type the text CAPTCHA™

[Privacy & Terms](#)

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A confirmation message is displayed once the email address is submitted.

Confirmation Message

Thank you for submitting your email address for confirmation. Further registration instructions will be sent to you via email. If you do not receive an email from CURES 2.0 within one (1) day, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.

[Accessibility](#) | [Change Text Size](#) | [Comments/Suggestions](#) | [Disclaimer](#)

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

CURESregistration@doj.ca.gov
Sent: Sun 10/4/2015 12:01 PM
To: [REDACTED]

****This is an automated message from an unmonitored mailbox. Replies must be directed to the CURES Help Desk.****

Thank you for providing your email address to CURES for verification. To complete the email verification process and proceed to the Application Page, please click the link provided below or paste it into your browser:

<https://cures.stg.doj.ca.gov/registration/userRegistrationFormPnD.xhtml?role=Prescriber&licIssuedBy=CA&id=735df1e4-79b9-4e13-b347-2e52307ce831>

If you have questions, please contact the CURES Help Desk at cures@doj.ca.gov or (916) 227-3843.

Please Note: The email link is valid for 90 days.

(916) 227-3843
CURES@doj.ca.gov

CURES 2.0

Registration (Step 2)

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

1. Complete the registration form.
 - Social Security Number (SSN) or Individual Tax Identification Number (ITIN)- Choose between these options based upon what is on file with your licensing board.
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."

The screenshot shows the 'User Registration Form' for 'Prescriber & Dispenser' on the State of California Department of Justice website. The form includes a header with the state seal and Attorney General Kamala D. Harris's name. A red error message at the top states: 'State License # and Re-Enter State License # do not match.' The form is divided into several sections: 'Application Instructions' (with a note about email notification and a link to the CURES Help Desk), 'Applicant Information' (with fields for Role, Title, First Name, Middle Name, Last Name, Suffix, Date of Birth, Social Security Number, and Individual Tax Identification Number), 'Licensing State' (California) and 'License Type' (Doctor of Podiatric Medicine (DPM)), 'Security Questions' (with six questions and corresponding answer fields), and 'Application Validation' (with a CAPTCHA and 'Next'/'Clear' buttons).

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)

State of California Department of Justice
Office of the Attorney General

Kamala D. Harris
Attorney General

Links Help

User Registration Form Prescriber & Dispenser

State License # and Re-Enter State License # do not match.

Application Instructions

To submit an application, complete this online application form. The following list of Supporting Documents must be validly notarized and attached to the application.

Your application must include the following notarized Supporting Documents:

- (1) Copy of Government-issued Identification Card or Passport.
- (2) Copy of DEA Registration Certificate (prescribers only), and.
- (3) Copy of State-issued Medical or Dispenser License.

Notarization: You must personally take your Supporting Documents to be notarized. The notary must affirm that the person appearing is the person identified in the Supporting Documents.

After successful submission of this application form, you will be notified via email of acceptance or denial.

Important Notes: All fields with (*) are required. Applications will NOT be accepted without the required Supporting Documents attached. For assistance, contact the CURES Help Desk at (916) 227-3843 or CURES@doj.ca.gov.

Applicant Information

Role: Prescriber Title:

First Name: * Last Name: *

Middle Name: Suffix:

Date of Birth: *

Licensing State: * License Type: *

Licensing Board:

Enter only numeric values for License Number fields.

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

DEAR: * Email:

Supporting Document *

Choose Upload Cancel

Uploaded File (Max 10M, 10 files total)

Delete

Document Description:

Security Questions

Security Question 1 *

Answer *

Security Question 2 *

Answer *

Security Question 3 *

Answer *

Security Question 4 *

Answer *

Security Question 5 *

Answer *

Help Desk Question 1 *

Answer *

Help Desk Question 2 *

Answer *

Application Validation

Next Clear

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."

User Registration Form Review

Prescriber & Dispenser

Note: Please review your CURES application information for accuracy. If this information is correct, please select "Submit" to proceed to the confirmation page. If any of this information is incorrect, please select "Back" to return to the previous screen and then correct the information.

Review Applicant Information

Role:	Prescriber	Title:	
First Name:	OOS	Middle Name:	
Last Name:	Prescriber	Suffix:	
Date of Birth:		Email Address:	
SSN:		ITIN:	
Licensing State:	AK	Licensing Board:	Medical Board
License Type:	MD	State License#:	
DEA#:			

Supporting Document File Name
TEST REG.pdf [View Supporting Document](#)

Application Validation

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.

I certify the facts stated above are true to the best of my knowledge. I accept the terms and conditions of the User Agreement.

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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.

The screenshot shows the 'User Registration Confirmation' page for a 'Prescriber & Dispenser'. The page is titled 'User Registration Confirmation' and 'Prescriber & Dispenser'. It features a 'Print' button in the top right corner. The main content is divided into three sections: 'Application Instructions', 'Review Applicant Information', and 'Certification Of Terms and Conditions'. The 'Application Instructions' section displays the confirmation number 'CACURES503984' and instructs the user to print the application immediately. The 'Review Applicant Information' section lists various fields: Role (Prescriber), Title, First Name (OOS), Middle Name, Last Name (Prescriber), Suffix, Date of Birth, Email Address, SSN, ITIN, Licensing State (AK), Licensing Board (Medical Board), License Type (MD), State License#, and DEA#. A link for 'Supporting Document: OOS Prescriber Registration' is provided. The 'Certification Of Terms and Conditions' section contains detailed text regarding the use of prescription history information, HIPAA, and the Department of Justice's role. A 'Close' button is located at the bottom of the page. At the very bottom, there is a footer with links for 'Accessibility', 'Change Text Size', 'Comments/Suggestions', and 'Disclaimer'.

User Registration Confirmation
Prescriber & Dispenser

Application Instructions

Your Confirmation Number is : **CACURES503984**
Print this application immediately for your records.

Review Applicant Information

Role: Prescriber Title:
First Name: OOS Middle Name:
Last Name: Prescriber Suffix:
Date of Birth: Email Address:
SSN: ITIN:
Licensing State: AK Licensing Board: Medical Board
License Type: MD State License#:
DEA#:

Supporting Document:
[OOS Prescriber Registration](#)

Certification Of Terms and Conditions

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Any other use of this information is strictly prohibited.

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

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Close

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