

Registration (Step 1)

CURES 2.0

<https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml>

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

Submit Clear

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CURES 2.0

Registration (Step 1) (Continued)

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.

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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

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Registration (Step 2)

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

1. Complete the registration form.
 - Answers may not be duplicate.
 - Answers may not contain part of a question.
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' within the 'State of California Department of Justice Office of the Attorney General' system. The form is titled 'User Registration Form Prescriber & Dispenser' and is attributed to Kamala D. Harris, Attorney General. 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 that all fields with an asterisk are required), 'Application Information' (with fields for Role, Title, First Name, Last Name, Middle Name, Suffix, Date of Birth, Social Security Number, and Individual Tax Identification Number), 'Licensing Information' (with fields for Licensing State, License Type, and Licensing Board), 'Security Questions' (with five questions and their corresponding answer fields), and 'Application Validation' (with a CAPTCHA image and 'Next' and 'Clear' buttons). The form also includes a 'DEAR' field for email.

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Registration (Step 2)

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 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.' Below this, the 'Application Information' section contains fields for Name (First, Middle, Last, Suffix), Title, Date of Birth, Licensing State (set to Alabama), License Type (set to Type1), and Licensing Board (set to Search). It also has fields for State License #, Re-Enter State License #, and DEAR. The 'Supporting Documents' section features a 'Choose' button, an 'Uploaded File (Max 10M, 10 files total)' section with a 'Delete' button, and a 'Document Description' field. The 'Security Questions' section contains five questions with dropdown menus and text input fields for answers. The 'Help Desk Questions' section contains two questions with dropdown menus and text input fields. At the bottom, there is an 'Application Validation' section with a 'Next' button and a 'Clear' button.

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 includes 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 a prompt to print the application. The 'Review Applicant Information' section lists personal and professional details such as role (Prescriber), first and last names, date of birth, SSN, and licensing information. The 'Certification Of Terms and Conditions' section contains a detailed legal disclaimer regarding the use of prescription history information. A 'Close' button is located at the bottom center of the page.

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](#)

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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.

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.

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Close

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MEDICAL BOARD OF CALIFORNIA LICENSE FORMAT

User Registration Form

Prescriber & Dispenser

Applicant Information

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: *

License Type: *
Medical Doctor (MD) - Type A
Medical Doctor (MD) - Type C
Medical Doctor (MD) - Type G

Enter only numeric values for License Number fields.

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

DEA#: * **Email:**



dca The Medical Board of California
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815

PHYSICIAN AND SURGEON

CERTIFICATE NO. **A1234567** EXPIRATION 05/30/2016
JOHN SMITH
1234 CURES ROAD
SACRAMENTO, CA 92156

ORIGINAL ISSUANCE DATE 05/03/2012
RECEIPT NO. 123456789

NOTE: The MEDICAL BOARD license number format is Numeric (1-6 digits).

DCA LICENSE NUMBER FORMAT

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

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