

# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Alabama

|                              |                   |                 |                               |                     |            |
|------------------------------|-------------------|-----------------|-------------------------------|---------------------|------------|
| <b>Last name</b>             | <b>First name</b> | <b>Title</b>    | State Pharmacy Director       | <b>Phone</b>        | 3342063014 |
| Bishop                       | Nancy             | <b>Email</b>    | nancy.bishop@adph.state.al.us | <b>Fax</b>          | 3342065663 |
| <b>Department</b>            |                   | <b>Address</b>  | PO Box 303017                 | <b>Contact type</b> | CSandPMP   |
|                              |                   | <b>Address2</b> | Suite 1010                    |                     |            |
| <b>Agency</b>                |                   | <b>City</b>     | Montgomery                    |                     |            |
| Alabama Department of Health |                   | <b>State</b>    | AL                            | <b>Zip</b>          | 36130      |

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## Alabama

|                           |                   |                 |                    |                     |            |
|---------------------------|-------------------|-----------------|--------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    |                    | <b>Phone</b>        | 2059812280 |
| Delk                      | Mark              | <b>Email</b>    |                    | <b>Fax</b>          | 2059812330 |
| <b>Department</b>         |                   | <b>Address</b>  | 111 Village Street | <b>Contact type</b> | CS         |
|                           |                   | <b>Address2</b> |                    |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Birmingham         |                     |            |
| Alabama Board of Pharmacy |                   | <b>State</b>    | AL                 | <b>Zip</b>          | 35242      |

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## Alabama

|   |                   |                 |                               |                     |            |
|---|-------------------|-----------------|-------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Director                      | <b>Phone</b>        | 3342065634 |
| Durham  | Jameson           | <b>Email</b>    | Jamey.Durham@adph.state.al.us | <b>Fax</b>          | 3342065609 |
| <b>Department</b>   |                   | <b>Address</b>  | 201 Monroe Street             | <b>Contact type</b> | CSandPMP   |
|   |                   | <b>Address2</b> | Suite 968                     |                     |            |
| <b>Agency</b>   |                   | <b>City</b>     | Montgomery                    |                     |            |
| Bureau of Health Promotion & Chronic<br>Department of Public Health |                   | <b>State</b>    | AL                            | <b>Zip</b>          | 36104      |

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## Alaska

|   |                   |                 |                                  |                     |            |
|---|-------------------|-----------------|----------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Deputy Director                  | <b>Phone</b>        | 9074652144 |
| Chambers  | Sara              | <b>Email</b>    | sara.chambers@alaska.gov         | <b>Fax</b>          | 9074652974 |
| <b>Department</b>   |                   | <b>Address</b>  | State Office Building            | <b>Contact type</b> | CSandPMP   |
|   |                   | <b>Address2</b> | 333 Willoughby Avenue, 9th Floor |                     |            |
| <b>Agency</b>   |                   | <b>City</b>     | Juneau                           |                     |            |
| Division of Corporations<br>Business & Professional Licensing |                   | <b>State</b>    | AK                               | <b>Zip</b>          | 99801      |

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## Alaska

|                                      |                   |  |                         |
|--------------------------------------|-------------------|--|-------------------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>                           | <b>Phone</b> 9174652144 |
| Hovenden                             | Janey             | <b>Email</b> Janey.Hovenden@alaska.gov | <b>Fax</b> 9074652974   |
| <b>Department</b>                    |                   | <b>Address</b> PO Box 110806           | <b>Contact type</b> CS  |
| Division of Corporations, Business & |                   | <b>Address2</b>                        |                         |
| <b>Agency</b>                        |                   | <b>City</b> Juneau                     |                         |
|                                      |                   | <b>State</b> AK                        | <b>Zip</b> 99811-0806   |

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## Arizona

|                           |                   |                                       |                         |
|---------------------------|-------------------|---------------------------------------|-------------------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b> PMP Manager              | <b>Phone</b> 6027712732 |
| Crawford                  | Kimberly          | <b>Email</b> KCrawford@azpharmacy.gov | <b>Fax</b>              |
| <b>Department</b>         |                   | <b>Address</b> 1616 W. Adams Street   | <b>Contact type</b> PMP |
| Arizona Board of Pharmacy |                   | <b>Address2</b> Suite 120             |                         |
| <b>Agency</b>             |                   | <b>City</b> Phoenix                   |                         |
|                           |                   | <b>State</b> AZ                       | <b>Zip</b> 85007        |

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## Arizona

|                   |                   |  |                              |
|-------------------|-------------------|--|------------------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b> Director, Prescription Monitoring Program | <b>Phone</b> 6027712744      |
| Dodge             | Elizabeth         | <b>Email</b> edodge@azpharmacy.gov                     | <b>Fax</b> 6027712749        |
| <b>Department</b> |                   | <b>Address</b> 1616 W. Adams Street                    | <b>Contact type</b> CSandPMP |
| Board of Pharmacy |                   | <b>Address2</b> Suite 120                              |                              |
| <b>Agency</b>     |                   | <b>City</b> Phoenix                                    |                              |
|                   |                   | <b>State</b> AZ  | <b>Zip</b> 85007             |

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## Arizona

|                   |                   |                                     |                         |
|-------------------|-------------------|-------------------------------------|-------------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b> Executive Director     | <b>Phone</b> 6027712740 |
| Gandhi            | Kam               | <b>Email</b> kgandhi@azpharmacy.gov | <b>Fax</b> 6027712749   |
| <b>Department</b> |                   | <b>Address</b> 1616 W. Adams Street | <b>Contact type</b> CS  |
| Board of Pharmacy |                   | <b>Address2</b> Suite 120           |                         |
| <b>Agency</b>     |                   | <b>City</b> Phoenix                 |                         |
|                   |                   | <b>State</b> AZ                     | <b>Zip</b> 85007        |

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# NASCSA PMP and Controlled Substance Contacts

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## Arkansas

|                            |                   |                 |                                |                     |            |
|----------------------------|-------------------|-----------------|--------------------------------|---------------------|------------|
| <b>Last name</b>           | <b>First name</b> | <b>Title</b>    | Chief Inspector                | <b>Phone</b>        | 5016820190 |
| McSpadden                  | Rusty             | <b>Email</b>    | Russell.McSpadden@arkansas.gov | <b>Fax</b>          | 5016820195 |
| <b>Department</b>          |                   | <b>Address</b>  | 322 S. Main St.                | <b>Contact type</b> | CS         |
| Arkansas Board of Pharmacy |                   | <b>Address2</b> | Suite 600                      |                     |            |
| <b>Agency</b>              |                   | <b>City</b>     | Little Rock                    |                     |            |
|                            |                   | <b>State</b>    | AR                             | <b>Zip</b>          | 72201      |

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## Arkansas

|                      |                   |                 |                          |                     |            |
|----------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Branch Chief             | <b>Phone</b>        | 5016612325 |
| Myatt                | James             | <b>Email</b>    | james.myatt@arkansas.gov | <b>Fax</b>          | 5016612769 |
| <b>Department</b>    |                   | <b>Address</b>  | 4815 West Markham Street | <b>Contact type</b> | CS         |
| Pharmacy Services    |                   | <b>Address2</b> | Slot 25                  |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Little Rock              |                     |            |
| Department of Health |                   | <b>State</b>    | AR                       | <b>Zip</b>          | 72205      |

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## Arkansas

|                      |                   |                 |                               |                     |            |
|----------------------|-------------------|-----------------|-------------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Administrator, PMP            | <b>Phone</b>        | 5016833960 |
| Robertson            | Denise            | <b>Email</b>    | denise.robertson@arkansas.gov | <b>Fax</b>          | 5016612869 |
| <b>Department</b>    |                   | <b>Address</b>  | 4815 W. Markham Street        | <b>Contact type</b> | PMP        |
| Pharmacy Services    |                   | <b>Address2</b> | Slot 25                       |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Little Rock                   |                     |            |
| Department of Health |                   | <b>State</b>    | AR                            | <b>Zip</b>          | 72205      |

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## California

|                              |                   |                 |                       |                     |            |
|------------------------------|-------------------|-----------------|-----------------------|---------------------|------------|
| <b>Last name</b>             | <b>First name</b> | <b>Title</b>    | Supervising Inspector | <b>Phone</b>        | 7142801809 |
| Coyne                        | Joan              | <b>Email</b>    | joan.coyne@dca.ca.gov | <b>Fax</b>          | 7142809116 |
| <b>Department</b>            |                   | <b>Address</b>  | 1625 N. Market Blvd.  | <b>Contact type</b> | CS         |
| California Board of Pharmacy |                   | <b>Address2</b> | N. 219                |                     |            |
| <b>Agency</b>                |                   | <b>City</b>     | Sacramento            |                     |            |
|                              |                   | <b>State</b>    | CA                    | <b>Zip</b>          | 95834      |

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## California

|                       |                   |                 |                         |                     |            |
|-----------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>      | <b>First name</b> | <b>Title</b>    | Manager                 | <b>Phone</b>        | 9162273436 |
| Farales               | Tina              | <b>Email</b>    | tina.farales@doj.ca.gov | <b>Fax</b>          | 9163199444 |
| <b>Department</b>     |                   | <b>Address</b>  | 4949 Broadway           | <b>Contact type</b> | PMP        |
| CURES/PDMP            |                   | <b>Address2</b> | Room G-110              |                     |            |
| <b>Agency</b>         |                   | <b>City</b>     | Sacramento              |                     |            |
| Department of Justice |                   | <b>State</b>    | CA                      | <b>Zip</b>          | 95820      |

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## California

|                   |                   |                 |                            |                     |            |
|-------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Officer          | <b>Phone</b>        | 9165747911 |
| Herold            | Virginia          | <b>Email</b>    | virginia_herold@dca.ca.gov | <b>Fax</b>          | 9165748618 |
| <b>Department</b> |                   | <b>Address</b>  | 1625 N. Market Blvd        | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | N 219                      |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Sacramento                 |                     |            |
|                   |                   | <b>State</b>    | CA                         | <b>Zip</b>          | 95834      |

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## California

|                       |                   |                 |                       |                     |            |
|-----------------------|-------------------|-----------------|-----------------------|---------------------|------------|
| <b>Last name</b>      | <b>First name</b> | <b>Title</b>    | Administrator II      | <b>Phone</b>        | 9162273324 |
| Small                 | Mike              | <b>Email</b>    | mike.small@doj.ca.gov | <b>Fax</b>          | 9163199444 |
| <b>Department</b>     |                   | <b>Address</b>  | 4949 Broadway         | <b>Contact type</b> | CSandPMP   |
| CURES/PDMP            |                   | <b>Address2</b> | G110                  |                     |            |
| <b>Agency</b>         |                   | <b>City</b>     | Sacramento            |                     |            |
| Department of Justice |                   | <b>State</b>    | CA                    | <b>Zip</b>          | 95820      |

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## Colorado

|                   |                   |                 |                          |                     |            |
|-------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director       | <b>Phone</b>        | 3038947754 |
| Gassen            | Chris             | <b>Email</b>    | chris.gassen@state.co.us | <b>Fax</b>          | 3038947764 |
| <b>Department</b> |                   | <b>Address</b>  | 1560 Broadway            | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 1310               |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Denver                   |                     |            |
|                   |                   | <b>State</b>    | CO                       | <b>Zip</b>          | 80202      |

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## Colorado

|                            |                   |                 |                           |                     |            |
|----------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>           | <b>First name</b> | <b>Title</b>    | PDMP Administrator        | <b>Phone</b>        | 3038947430 |
| Rivera                     | Janina            | <b>Email</b>    | Janina.Rivera@state.co.us | <b>Fax</b>          | 3038690133 |
| <b>Department</b>          |                   | <b>Address</b>  | 1560 Broadway             | <b>Contact type</b> | PMP        |
| Colorado Board of Pharmacy |                   | <b>Address2</b> | Suite 1350                |                     |            |
| <b>Agency</b>              |                   | <b>City</b>     | Denver                    |                     |            |
|                            |                   | <b>State</b>    | CO                        | <b>Zip</b>          | 80202      |

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## Connecticut

|                                 |                   |                 |                       |                     |            |
|---------------------------------|-------------------|-----------------|-----------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Health Program Assoc. | <b>Phone</b>        | 8607136073 |
| Damon                           | Donna             | <b>Email</b>    | donna.damon@ct.gov    | <b>Fax</b>          | 8606222608 |
| <b>Department</b>               |                   | <b>Address</b>  | 450 Columbus Blvd.    | <b>Contact type</b> | PMP        |
| CT Dept. of Consumer Protection |                   | <b>Address2</b> | Suite 901             |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Hartford              |                     |            |
| CT PMP                          |                   | <b>State</b>    | CT                    | <b>Zip</b>          | _06103     |

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## Connecticut

|                                    |                   |                 |                         |                     |            |
|------------------------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>                   | <b>First name</b> | <b>Title</b>    | PMP Administrator/HPA I | <b>Phone</b>        | 8607136116 |
| Kittiphane                         | Nana              | <b>Email</b>    | nana.kittiphane@ct.gov  | <b>Fax</b>          | 8607065361 |
| <b>Department</b>                  |                   | <b>Address</b>  | 165 Capitol Avenue      | <b>Contact type</b> | PMP        |
| Connecticut Department of Consumer |                   | <b>Address2</b> | Room 145                |                     |            |
| <b>Agency</b>                      |                   | <b>City</b>     | Hartford                |                     |            |
| Prescription Monitoring Program    |                   | <b>State</b>    | CT                      | <b>Zip</b>          | _06106     |

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## Connecticut

|                                   |                   |                 |                         |                     |            |
|-----------------------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Director                | <b>Phone</b>        | 8607136066 |
| Marriott                          | Rodrick           | <b>Email</b>    | rodrick.marriott@ct.gov | <b>Fax</b>          | 8607137242 |
| <b>Department</b>                 |                   | <b>Address</b>  | 165 Capitol Avenue      | <b>Contact type</b> | CSandPMP   |
| Drug Control Division             |                   | <b>Address2</b> |                         |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Hartford                |                     |            |
| Department of Consumer Protection |                   | <b>State</b>    | CT                      | <b>Zip</b>          | _06106     |

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# NASCSA PMP and Controlled Substance Contacts

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## Connecticut

|                                   |                   |                 |                      |                     |            |
|-----------------------------------|-------------------|-----------------|----------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Program Manager, PMP | <b>Phone</b>        | 8607136073 |
| Soto                              | Xaviel            | <b>Email</b>    | xaviel.soto@ct.gov   | <b>Fax</b>          | 8606222608 |
| <b>Department</b>                 |                   | <b>Address</b>  | 165 Capitol Avenue   | <b>Contact type</b> | PMP        |
| Drug Control Division             |                   | <b>Address2</b> |                      |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Hartford             |                     |            |
| Department of Consumer Protection |                   | <b>State</b>    | CT                   | <b>Zip</b>          | _06106     |

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## Delaware

|                                    |                   |                 |                            |                     |            |
|------------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                   | <b>First name</b> | <b>Title</b>    | Director                   | <b>Phone</b>        | 3027444501 |
| Mangler                            | David             | <b>Email</b>    | David.Mangler@state.de.us  | <b>Fax</b>          | 3027392711 |
| <b>Department</b>                  |                   | <b>Address</b>  | Cannon Building, Suite 203 | <b>Contact type</b> | CSandPMP   |
| Delaware Department of State       |                   | <b>Address2</b> | 861 Silver Lake Blvd.      |                     |            |
| <b>Agency</b>                      |                   | <b>City</b>     | Dover                      |                     |            |
| Division of Professional Licensure |                   | <b>State</b>    | DE                         | <b>Zip</b>          | 19904      |

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## District of Columbia

|                      |                   |                 |                              |                     |            |
|----------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | PDMP Project Manager         | <b>Phone</b>        | 2027279066 |
| Onumah               | Kofi              | <b>Email</b>    | kofi.onumah@dc.gov           | <b>Fax</b>          | 2027278471 |
| <b>Department</b>    |                   | <b>Address</b>  | 899 North Capitol Street, NE | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy    |                   | <b>Address2</b> | 2nd Floor                    |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Washington                   |                     |            |
| Department of Health |                   | <b>State</b>    | DC                           | <b>Zip</b>          | 20002      |

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## District of Columbia

|                      |                   |                 |                              |                     |            |
|----------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Executive Director           | <b>Phone</b>        | 2024429219 |
| White                | Sauna             | <b>Email</b>    | shauna.white@dc.gov          | <b>Fax</b>          | 8778624252 |
| <b>Department</b>    |                   | <b>Address</b>  | 899 North Capitol Street, NE | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy    |                   | <b>Address2</b> | 2nd Floor                    |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Washington                   |                     |            |
| Department of Health |                   | <b>State</b>    | DC                           | <b>Zip</b>          | 20002      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Florida

|                                 |                   |                 |                             |                     |            |
|---------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Program Operations Manager  | <b>Phone</b>        | 8502454797 |
| Marshall                        | Erica             | <b>Email</b>    | erika_marshall@flhealth.gov | <b>Fax</b>          |            |
| <b>Department</b>               |                   | <b>Address</b>  | 4052 Bald Cypress Way       | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> | Bin C-16                    |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Tallahassee                 |                     |            |
| Department of Health            |                   | <b>State</b>    | FL                          | <b>Zip</b>          | 32399      |

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## Florida

|                                      |                   |                 |                             |                     |            |
|--------------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>    | Program Manager             | <b>Phone</b>        | 8502454797 |
| Poston                               | Rebecca           | <b>Email</b>    | rebecca_poston@flhealth.gov | <b>Fax</b>          |            |
| <b>Department</b>                    |                   | <b>Address</b>  | 4052 Bald Cypress Way       | <b>Contact type</b> | CSandPMP   |
| Prescription Drug Monitoring Program |                   | <b>Address2</b> | C-16                        |                     |            |
| <b>Agency</b>                        |                   | <b>City</b>     | Tallahassee                 |                     |            |
|                                      |                   | <b>State</b>    | FL                          | <b>Zip</b>          | 32399-3254 |

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## Florida

|                           |                   |                 |                           |                     |            |
|---------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | Chief of Enforcement      | <b>Phone</b>        | 8502454123 |
| Whitten                   | Mark              | <b>Email</b>    | mark_whitten@flhealth.gov | <b>Fax</b>          | 8502454436 |
| <b>Department</b>         |                   | <b>Address</b>  | 4052 Bald Cypress Way     | <b>Contact type</b> | CS         |
| MQA Bureau of Enforcement |                   | <b>Address2</b> | Bin C-7                   |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Tallahassee               |                     |            |
| Department of Health      |                   | <b>State</b>    | FL                        | <b>Zip</b>          | 32399-3254 |

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## Georgia

|                                  |                   |                 |                           |                     |            |
|----------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Director                  | <b>Phone</b>        | 4046565100 |
| Allen                            | Rick              | <b>Email</b>    | rallen@gdna.ga.gov        | <b>Fax</b>          | 4046518210 |
| <b>Department</b>                |                   | <b>Address</b>  | 254 Washington Street, SW | <b>Contact type</b> | CS         |
| Georgia Drugs & Narcotics Agency |                   | <b>Address2</b> | Suite G2000               |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Atlanta                   |                     |            |
|                                  |                   | <b>State</b>    | GA                        | <b>Zip</b>          | 30334      |

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## Georgia

|                                  |                   |                 |                           |                     |            |
|----------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Special Agent             | <b>Phone</b>        | 4046565102 |
| Higgins                          | Ronnie            | <b>Email</b>    | rhiggins@gdna.ga.gov      | <b>Fax</b>          | 4046518210 |
| <b>Department</b>                |                   | <b>Address</b>  | 254 Washington Street, SW | <b>Contact type</b> | PMP        |
| Georgia Drugs & Narcotics Agency |                   | <b>Address2</b> | Suite G2000               |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Atlanta                   |                     |            |
|                                  |                   | <b>State</b>    | GA                        | <b>Zip</b>          | 30334      |

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## Guam

|                      |                   |                 |                           |                     |            |
|----------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Program Coordinator IV    | <b>Phone</b>        | 6717357519 |
| Pinaula              | Jeffrey           | <b>Email</b>    | Jeffrey.Pinaula@dphhs.gov | <b>Fax</b>          | 6717355556 |
| <b>Department</b>    |                   | <b>Address</b>  |                           | <b>Contact type</b> | CSandPMP   |
| Department of Health |                   | <b>Address2</b> |                           |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Mangilao                  |                     |            |
| 123 Chalan Kareta    |                   | <b>State</b>    | GU                        | <b>Zip</b>          | 96913      |

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## Hawaii

|                                |                   |                 |                             |                     |            |
|--------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Special Agent               | <b>Phone</b>        | 8088378470 |
| Ladao                          | Lani              | <b>Email</b>    | lani.c.ladao@ned.hawaii.gov | <b>Fax</b>          | 8088378474 |
| <b>Department</b>              |                   | <b>Address</b>  | 3375 Kaopaka Street         | <b>Contact type</b> | PMP        |
| Narcotics Enforcement Division |                   | <b>Address2</b> | Suite D100                  |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Honolulu                    |                     |            |
| Department of Public Safety    |                   | <b>State</b>    | HI                          | <b>Zip</b>          | 96819      |

---

## Hawaii

|                             |                   |                 |                                 |                     |            |
|-----------------------------|-------------------|-----------------|---------------------------------|---------------------|------------|
| <b>Last name</b>            | <b>First name</b> | <b>Title</b>    | Special Agent                   | <b>Phone</b>        | 8088378479 |
| Shinozuka                   | Dana              | <b>Email</b>    | dana.d.shinozuka@ned.Hawaii.gov | <b>Fax</b>          | 8088378474 |
| <b>Department</b>           |                   | <b>Address</b>  | 3375 Kaopaka Street             | <b>Contact type</b> | CS         |
| Narcotics Enforcement       |                   | <b>Address2</b> | Suite D100                      |                     |            |
| <b>Agency</b>               |                   | <b>City</b>     | Honolulu                        |                     |            |
| Department of Public Safety |                   | <b>State</b>    | HI                              | <b>Zip</b>          | 96819      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Hawaii

|                                |                   |                 |                                |                     |            |
|--------------------------------|-------------------|-----------------|--------------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Special Agent                  | <b>Phone</b>        | 8088378470 |
| Yamamoto                       | Dean              | <b>Email</b>    | dean.m.yamamoto@ned.hawaii.gov | <b>Fax</b>          | 8088378474 |
| <b>Department</b>              |                   | <b>Address</b>  | 3375 Kaopaka Street            | <b>Contact type</b> | CSandPMP   |
| Narcotics Enforcement Division |                   | <b>Address2</b> | Suite D100                     |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Honolulu                       |                     |            |
|                                |                   | <b>State</b>    | HI                             | <b>Zip</b>          | 96819      |

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## Idaho

|                   |                   |                 |                          |                     |            |
|-------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director       | <b>Phone</b>        | 2083342356 |
| Adams             | Alex              | <b>Email</b>    | alex.adams@bop.idaho.gov | <b>Fax</b>          | 2083343536 |
| <b>Department</b> |                   | <b>Address</b>  | 1199 Shoreline Lane      | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 303                |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Boise                    |                     |            |
|                   |                   | <b>State</b>    | ID                       | <b>Zip</b>          | 83702      |

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## Idaho

|                   |                   |                 |                                 |                     |            |
|-------------------|-------------------|-----------------|---------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Program Information Coordinator | <b>Phone</b>        | 2083342356 |
| Anderson          | Teresa            | <b>Email</b>    | teresa.anderson@bop.idaho.gov   | <b>Fax</b>          | 2083344814 |
| <b>Department</b> |                   | <b>Address</b>  | 1199 Shoreline Lane             | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 303                       |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Boise                           |                     |            |
|                   |                   | <b>State</b>    | ID                              | <b>Zip</b>          | 83702      |

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## Idaho

|                   |                   |                 |                             |                     |            |
|-------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Chief Investigator          | <b>Phone</b>        | 2083342356 |
| Collings          | Fred              | <b>Email</b>    | fred.collings@bop.idaho.gov | <b>Fax</b>          | 2083343536 |
| <b>Department</b> |                   | <b>Address</b>  | 1199 Shoreline Lane         | <b>Contact type</b> | PMP        |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 303                   |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Boise                       |                     |            |
|                   |                   | <b>State</b>    | ID                          | <b>Zip</b>          | 83702      |

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# NASCSA PMP and Controlled Substance Contacts

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## Idaho

|                         |                   |                                   |                     |
|-------------------------|-------------------|-----------------------------------|---------------------|
| <b>Last name</b>        | <b>First name</b> | <b>Title</b>                      | <b>Phone</b>        |
| Mitchell                | Ellen             | Investigative Support Coordinator | 2083342356          |
|                         |                   | <b>Email</b>                      | <b>Fax</b>          |
|                         |                   | Ellen.Mitchell@bop.idaho.gov      | 2083343536          |
| <b>Department</b>       |                   | <b>Address</b>                    | <b>Contact type</b> |
| Idaho Board of Pharmacy |                   | 1199 Shoreline Lane               | PMP                 |
| <b>Agency</b>           |                   | <b>Address2</b>                   |                     |
|                         |                   | Suite 303                         |                     |
|                         |                   | <b>City</b>                       |                     |
|                         |                   | Boise                             |                     |
|                         |                   | <b>State</b>                      | <b>Zip</b>          |
|                         |                   | ID                                | 83702               |

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## Illinois

|                                 |                   |                             |                     |
|---------------------------------|-------------------|-----------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>                | <b>Phone</b>        |
| Berberet                        | Craig             | PMP Manager                 | 2175580943          |
|                                 |                   | <b>Email</b>                | <b>Fax</b>          |
|                                 |                   | craig.berberet@illinois.gov | 2175577975          |
| <b>Department</b>               |                   | <b>Address</b>              | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 401 N. Fourth Street        | CSandPMP            |
| <b>Agency</b>                   |                   | <b>Address2</b>             |                     |
| Department of Human Services    |                   | Room 133                    |                     |
|                                 |                   | <b>City</b>                 |                     |
|                                 |                   | Springfield                 |                     |
|                                 |                   | <b>State</b>                | <b>Zip</b>          |
|                                 |                   | IL                          | 62701               |

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## Illinois

|                                 |                   |                                |                     |
|---------------------------------|-------------------|--------------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>                   | <b>Phone</b>        |
| Murzynski                       | Stanley           | IT Director                    | 2177859013          |
|                                 |                   | <b>Email</b>                   | <b>Fax</b>          |
|                                 |                   | stanley.murzynski@illinois.gov | 2175577975          |
| <b>Department</b>               |                   | <b>Address</b>                 | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 401 North 4th Street           | PMP                 |
| <b>Agency</b>                   |                   | <b>Address2</b>                |                     |
|                                 |                   |                                |                     |
|                                 |                   | <b>City</b>                    |                     |
|                                 |                   | Springfield                    |                     |
|                                 |                   | <b>State</b>                   | <b>Zip</b>          |
|                                 |                   | IL                             | 62702               |

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## Illinois

|   |                   |  |                     |
|---|-------------------|--|---------------------|
| <b>Last name</b>                        | <b>First name</b> | <b>Title</b>                               | <b>Phone</b>        |
| Pointer                                 | Sarah             | Clinical Director, Prescription Monitoring | 2179711433          |
|   |                   | <b>Email</b>                               | <b>Fax</b>          |
|   |                   | sarah.pointer@illinois.gov                 |                     |
| <b>Department</b>                       |                   | <b>Address</b>                             | <b>Contact type</b> |
| Dept. of Human Services                 |                   | 401 N. 4th Street                          | PMP                 |
| <b>Agency</b>                           |                   | <b>Address2</b>                            |                     |
| Bureau of Pharmacy and Clinical Support |                   |  |                     |
|   |                   | <b>City</b>                                |                     |
|   |                   | Springfield                                |                     |
|   |                   | <b>State</b>                               | <b>Zip</b>          |
|   |                   | IL   | 62677               |

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# NASCSA PMP and Controlled Substance Contacts

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## Indiana

|                                |                   |                 |                          |                     |            |
|--------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Director                 | <b>Phone</b>        | 3172348039 |
| Brady                          | Mike              | <b>Email</b>    | mbrady@pla.in.gov        | <b>Fax</b>          | 3172334236 |
| <b>Department</b>              |                   | <b>Address</b>  | 402 W. Washington Street | <b>Contact type</b> | PMP        |
| INSPECT                        |                   | <b>Address2</b> | Room W072                |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Indianapolis             |                     |            |
| Indiana Professional Licensing |                   | <b>State</b>    | IN                       | <b>Zip</b>          | 46202      |

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## Indiana

|                               |                   |                 |                          |                     |            |
|-------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>              | <b>First name</b> | <b>Title</b>    | Executive Director       | <b>Phone</b>        | 3172342067 |
| Cotterill                     | Ted               | <b>Email</b>    | tcotterill@pla.in.gov    | <b>Fax</b>          | 3172334236 |
| <b>Department</b>             |                   | <b>Address</b>  | 402 W. Washington Street | <b>Contact type</b> | CS         |
| Board of Pharmacy             |                   | <b>Address2</b> | Room W072                |                     |            |
| <b>Agency</b>                 |                   | <b>City</b>     | Indianapolis             |                     |            |
| Professional Licensing Agency |                   | <b>State</b>    | IN                       | <b>Zip</b>          | 46202-2739 |

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## Indiana

|                           |                   |                 |                  |                     |            |
|---------------------------|-------------------|-----------------|------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | Director         | <b>Phone</b>        | 3172342067 |
| Covington                 | Darren            | <b>Email</b>    | pla4@pla.IN.gov  | <b>Fax</b>          | 3172334236 |
| <b>Department</b>         |                   | <b>Address</b>  | 402 W. WA Street | <b>Contact type</b> | CS         |
| Board of Pharmacy         |                   | <b>Address2</b> | Room W072        |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Indianapolis     |                     |            |
| Health Professions Bureau |                   | <b>State</b>    | IN               | <b>Zip</b>          | 46204      |

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## Indiana

|                                |                   |                 |                                      |                     |            |
|--------------------------------|-------------------|-----------------|--------------------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Drug Diversion & Data Mining Analyst | <b>Phone</b>        | 3179155306 |
| Fernandez                      | Taya              | <b>Email</b>    | tfernandes@atg.in.gov                | <b>Fax</b>          | 3172327929 |
| <b>Department</b>              |                   | <b>Address</b>  | 8005 Castleway Drive                 | <b>Contact type</b> | CS         |
| Medicaid Fraud Control Unit    |                   | <b>Address2</b> |                                      |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Indianapolis                         |                     |            |
| Office of the Attorney General |                   | <b>State</b>    | IN                                   | <b>Zip</b>          | 46250      |

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# NASCSA PMP and Controlled Substance Contacts

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## Indiana

|                                       |                   |                 |                          |                     |            |
|---------------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>    | Executive Director       | <b>Phone</b>        | 3172341981 |
| Frye                                  | Deborah           | <b>Email</b>    | defrye@pla.in.gov        | <b>Fax</b>          | 3172334236 |
| <b>Department</b>                     |                   | <b>Address</b>  | 402 W. Washington Street | <b>Contact type</b> | CS         |
| Indiana Professional Licensing Agency |                   | <b>Address2</b> | Room W072                |                     |            |
| <b>Agency</b>                         |                   | <b>City</b>     | Indianapolis             |                     |            |
|                                       |                   | <b>State</b>    | IN                       | <b>Zip</b>          | 46204-2739 |

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## Indiana

|                   |                   |                 |                          |                     |            |
|-------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Director of INSPECT      | <b>Phone</b>        | 3172348039 |
| Slusser           | Kara              | <b>Email</b>    | KSlusser@pla.in.gov      | <b>Fax</b>          | 3172334236 |
| <b>Department</b> |                   | <b>Address</b>  | 402 W. Washington Street | <b>Contact type</b> | PMP        |
| INSPECT           |                   | <b>Address2</b> | Room W072                |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Indianapolis             |                     |            |
|                   |                   | <b>State</b>    | IN                       | <b>Zip</b>          | 46204      |

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## Iowa

|                   |                   |                 |                      |                     |            |
|-------------------|-------------------|-----------------|----------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director   | <b>Phone</b>        | 5152818630 |
| Funk              | Andrew            | <b>Email</b>    | andrew.funk@iowa.gov | <b>Fax</b>          | 5152816364 |
| <b>Department</b> |                   | <b>Address</b>  | 400 SW 8th Street    | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | Suite E              |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Des Moines           |                     |            |
|                   |                   | <b>State</b>    | IA                   | <b>Zip</b>          | 50319-4688 |

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## Iowa

|                                      |                   |                 |                           |                     |            |
|--------------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>    | Associate Director        | <b>Phone</b>        | 5152815944 |
| Tiffany                              | Jennifer          | <b>Email</b>    | Jennifer.tiffany@iowa.gov | <b>Fax</b>          | 5152814609 |
| <b>Department</b>                    |                   | <b>Address</b>  | 400 S.W. Eighth Street    | <b>Contact type</b> | PMP        |
| Iowa Prescription Monitoring Program |                   | <b>Address2</b> | Suite E                   |                     |            |
| <b>Agency</b>                        |                   | <b>City</b>     | Des Moines                |                     |            |
| Iowa Board of Pharmacy               |                   | <b>State</b>    | IA                        | <b>Zip</b>          | 50309      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Iowa

|                        |                   |                          |                     |
|------------------------|-------------------|--------------------------|---------------------|
| <b>Last name</b>       | <b>First name</b> | <b>Title</b>             | <b>Phone</b>        |
| Witkowski              | Terry             | PMP Director             | 5152815944          |
|                        |                   | <b>Email</b>             | <b>Fax</b>          |
|                        |                   | terry.witkowski@iowa.gov | 5152814609          |
| <b>Department</b>      |                   | <b>Address</b>           | <b>Contact type</b> |
| Iowa Board of Pharmacy |                   | 400 SW 8th Street        | PMP                 |
| <b>Agency</b>          |                   | <b>Address2</b>          |                     |
|                        |                   | Suite E                  |                     |
|                        |                   | <b>City</b>              |                     |
|                        |                   | Des Moines               |                     |
|                        |                   | <b>State</b>             | <b>Zip</b>          |
|                        |                   | IA                       | 50309               |

---

## Kansas

|                   |                   |                                 |                     |
|-------------------|-------------------|---------------------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>                    | <b>Phone</b>        |
| Blasi             | Alexandra         | Executive Secretary             | 7852964056          |
|                   |                   | <b>Email</b>                    | <b>Fax</b>          |
|                   |                   | alexandra.blasi@pharmacy.ks.gov | 7852968420          |
| <b>Department</b> |                   | <b>Address</b>                  | <b>Contact type</b> |
| Board of Pharmacy |                   | 800 SW Jackson                  | CS                  |
| <b>Agency</b>     |                   | <b>Address2</b>                 |                     |
|                   |                   | Suite 1414                      |                     |
|                   |                   | <b>City</b>                     |                     |
|                   |                   | Topeka                          |                     |
|                   |                   | <b>State</b>                    | <b>Zip</b>          |
|                   |                   | KS                              | 66612-1244          |

---

## Kansas

|                                 |                   |                      |                     |
|---------------------------------|-------------------|----------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>         | <b>Phone</b>        |
| Kenton                          | Reyne             | PDMP Program Manager | 7852966547          |
|                                 |                   | <b>Email</b>         | <b>Fax</b>          |
|                                 |                   | reyne.kenton@ks.gov  | 7852968420          |
| <b>Department</b>               |                   | <b>Address</b>       | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 800 SW Jackson       | PMP                 |
| <b>Agency</b>                   |                   | <b>Address2</b>      |                     |
| Board of Pharmacy               |                   | Suite 1414           |                     |
|                                 |                   | <b>City</b>          |                     |
|                                 |                   | Topeka               |                     |
|                                 |                   | <b>State</b>         | <b>Zip</b>          |
|                                 |                   | KS                   | 66612               |

---

## Kentucky

|                                       |                   |                       |                     |
|---------------------------------------|-------------------|-----------------------|---------------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>          | <b>Phone</b>        |
| Hold                                  | Stephanie         | Director              | 5025642815          |
|                                       |                   | <b>Email</b>          | <b>Fax</b>          |
|                                       |                   | stephanie.hold@ky.gov | 5025647876          |
| <b>Department</b>                     |                   | <b>Address</b>        | <b>Contact type</b> |
| Division of Audits and Investigations |                   | 275 E. Main Street    | CSandPMP            |
| <b>Agency</b>                         |                   | <b>Address2</b>       |                     |
| Cabinet for Health & Family Services  |                   | 5ED                   |                     |
|                                       |                   | <b>City</b>           |                     |
|                                       |                   | Frankfort             |                     |
|                                       |                   | <b>State</b>          | <b>Zip</b>          |
|                                       |                   | KY                    | 40621               |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Kentucky

|                                       |                   |                 |                          |                     |            |
|---------------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>    | Program Manager - KASPER | <b>Phone</b>        | 5025642815 |
| Hopkins                               | Dave              | <b>Email</b>    | dave.hopkins@ky.gov      | <b>Fax</b>          | 5025647876 |
| <b>Department</b>                     |                   | <b>Address</b>  | 275 E Main Street        | <b>Contact type</b> | PMP        |
| Division of Audits and investigations |                   | <b>Address2</b> | 5ED                      |                     |            |
| <b>Agency</b>                         |                   | <b>City</b>     | Frankfort                |                     |            |
| Cabinet for Health & Family Services  |                   | <b>State</b>    | KY                       | <b>Zip</b>          | 40621      |

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## Louisiana

|                   |                   |                 |                            |                     |            |
|-------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director         | <b>Phone</b>        | 2259256481 |
| Broussard         | Malcolm           | <b>Email</b>    | mbroussard@pharmacy.la.gov | <b>Fax</b>          | 2259220316 |
| <b>Department</b> |                   | <b>Address</b>  | 3388 Brentwood Drive       | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> |                            |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Baton Rouge                |                     |            |
|                   |                   | <b>State</b>    | LA                         | <b>Zip</b>          | 70809-1700 |

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## Louisiana

|                                 |                   |                 |                          |                     |            |
|---------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Administrative Assistant | <b>Phone</b>        | 2259254767 |
| Clausen                         | Danielle          | <b>Email</b>    | dclausen@pharmacy.la.gov | <b>Fax</b>          | 2259256408 |
| <b>Department</b>               |                   | <b>Address</b>  | 3388 Brentwood Drive     | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> |                          |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Baton Rouge              |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | LA                       | <b>Zip</b>          | 70809-1700 |

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## Louisiana

|                   |                   |                 |                              |                     |            |
|-------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Assistant Executive Director | <b>Phone</b>        | 2259220094 |
| Fontenot          | Joseph            | <b>Email</b>    | jfontenot@pharmacy.la.gov    | <b>Fax</b>          | 2259235670 |
| <b>Department</b> |                   | <b>Address</b>  | 3388 Brentwood Drive         | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> |                              |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Baton Rouge                  |                     |            |
|                   |                   | <b>State</b>    | LA                           | <b>Zip</b>          | 70809-1700 |

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# NASCSA PMP and Controlled Substance Contacts

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## Maine

|                           |                   |                 |                             |                     |            |
|---------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | Board Administrator         | <b>Phone</b>        | 2076248625 |
| Betts                     | Geraldine         | <b>Email</b>    | geraldine.l.betts@maine.gov | <b>Fax</b>          | 2076248637 |
| <b>Department</b>         |                   | <b>Address</b>  | 35 State House Station      | <b>Contact type</b> | CS         |
| Department of Professions |                   | <b>Address2</b> |                             |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Augusta                     |                     |            |
|                           |                   | <b>State</b>    | ME                          | <b>Zip</b>          | _04333     |

---

## Maine

|                           |                   |                 |                           |                     |            |
|---------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | PMP Coordinator           | <b>Phone</b>        | 2072872512 |
| Buzzell                   | Johanna           | <b>Email</b>    | johanna.buzzell@maine.gov | <b>Fax</b>          | 2072879152 |
| <b>Department</b>         |                   | <b>Address</b>  | 11 State House Station    | <b>Contact type</b> | PMP        |
| Office of Substance Abuse |                   | <b>Address2</b> | 41 Anthony Avenue         |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Augusta                   |                     |            |
|                           |                   | <b>State</b>    | ME                        | <b>Zip</b>          | _04333     |

---

## Maine

|                           |                   |                 |                         |                     |            |
|---------------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | Data & Research Manager | <b>Phone</b>        | 2072874706 |
| Rogers                    | Anne              | <b>Email</b>    | anne.rogers@maine.gov   | <b>Fax</b>          |            |
| <b>Department</b>         |                   | <b>Address</b>  | 11 State House Station  | <b>Contact type</b> | PMP        |
| Office of Substance Abuse |                   | <b>Address2</b> | 41 Anthony Avenue       |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Augusta                 |                     |            |
|                           |                   | <b>State</b>    | ME                      | <b>Zip</b>          | _04333     |

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## Maine

|                           |                   |                 |                           |                     |            |
|---------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>    | Acting Director           | <b>Phone</b>        | 2072872595 |
| Wheeler                   | Sheldon           | <b>Email</b>    | sheldon.wheeler@maine.gov | <b>Fax</b>          |            |
| <b>Department</b>         |                   | <b>Address</b>  | 11 State House Station    | <b>Contact type</b> | PMP        |
| Office of Substance Abuse |                   | <b>Address2</b> | 41 Anthony Ave            |                     |            |
| <b>Agency</b>             |                   | <b>City</b>     | Augusta                   |                     |            |
|                           |                   | <b>State</b>    | ME                        | <b>Zip</b>          | _04333     |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Maryland

|                                 |                   |                 |                           |                     |            |
|---------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Chief                     | <b>Phone</b>        | 4107642899 |
| Clark                           | Audrey            | <b>Email</b>    | audrey.clark@maryland.gov | <b>Fax</b>          | 4103851793 |
| <b>Department</b>               |                   | <b>Address</b>  | 4201 Patterson Avenue     | <b>Contact type</b> | CS         |
| Office of Controlled Substances |                   | <b>Address2</b> | 5th Floor                 |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Baltimore                 |                     |            |
|                                 |                   | <b>State</b>    | MD                        | <b>Zip</b>          | 21215      |

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## Maryland

|                                  |                   |                 |                           |                     |            |
|----------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | PDMP Manager              | <b>Phone</b>        | 4104028609 |
| Jackson                          | Kate              | <b>Email</b>    | kate.jackson@maryland.gov | <b>Fax</b>          | 4104028601 |
| <b>Department</b>                |                   | <b>Address</b>  | 55 Wade Avenue            | <b>Contact type</b> | PMP        |
| Health & Mental Hygiene          |                   | <b>Address2</b> |                           |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Catonsville               |                     |            |
| Behavioral Health Administration |                   | <b>State</b>    | MD                        | <b>Zip</b>          | 21228      |

---

## Maryland

|                                 |                   |                 |                            |                     |            |
|---------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Deputy Chief               | <b>Phone</b>        | 4107642892 |
| mouli                           | chandra           | <b>Email</b>    | Chandra.Mouli@maryland.gov | <b>Fax</b>          |            |
| <b>Department</b>               |                   | <b>Address</b>  | 4201 Patterson Avenue      | <b>Contact type</b> | CS         |
| Office of Controlled Substances |                   | <b>Address2</b> |                            |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Baltimore                  |                     |            |
|                                 |                   | <b>State</b>    | MD                         | <b>Zip</b>          | 21215-2299 |

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## Maryland

|                   |                   |                 |                                    |                     |            |
|-------------------|-------------------|-----------------|------------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director                 | <b>Phone</b>        | 4107644794 |
| Speights-Napata   | Deena             | <b>Email</b>    | deena.speights-napata@maryland.gov | <b>Fax</b>          | 4103589512 |
| <b>Department</b> |                   | <b>Address</b>  | 4201 Patterson Avenue              | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> |                                    |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Baltimore                          |                     |            |
|                   |                   | <b>State</b>    | MD                                 | <b>Zip</b>          | 21215-2299 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Massachusetts

|                                    |                   |                 |                                    |                     |            |
|------------------------------------|-------------------|-----------------|------------------------------------|---------------------|------------|
| <b>Last name</b>                   | <b>First name</b> | <b>Title</b>    | PMP Director                       | <b>Phone</b>        | 6177538016 |
| Johnson                            | David             | <b>Email</b>    | David.E.Johnson@MassMail.State.Ma. | <b>Fax</b>          |            |
| <b>Department</b>                  |                   | <b>Address</b>  | 239 Causeway Street                | <b>Contact type</b> | PMP        |
| Department of Health               |                   | <b>Address2</b> | Suite 410                          |                     |            |
| <b>Agency</b>                      |                   | <b>City</b>     | Boston                             |                     |            |
| Division of Professional Licensure |                   | <b>State</b>    | MA                                 | <b>Zip</b>          | _02114     |

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## Massachusetts

|                                 |                   |                 |                          |                     |            |
|---------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Program Coordinator      | <b>Phone</b>        | 6177537305 |
| Walker                          | Ryan              | <b>Email</b>    | ryan.walker2@state.ma.us | <b>Fax</b>          |            |
| <b>Department</b>               |                   | <b>Address</b>  | 99 Chauncy Street        | <b>Contact type</b> | PMP        |
| Department of Public Health     |                   | <b>Address2</b> | 11th Floor               |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Boston                   |                     |            |
| Prescription Monitoring Program |                   | <b>State</b>    | MA                       | <b>Zip</b>          | _02111     |

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## Massachusetts

|                             |                   |                 |                           |                     |            |
|-----------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>            | <b>First name</b> | <b>Title</b>    | Epidemiologist            | <b>Phone</b>        | 6177538032 |
| Young                       | Len               | <b>Email</b>    | Leonard.young@state.ma.us | <b>Fax</b>          |            |
| <b>Department</b>           |                   | <b>Address</b>  | 239 Causeway Street       | <b>Contact type</b> | PMP        |
| Department of Public Health |                   | <b>Address2</b> | Suite 410                 |                     |            |
| <b>Agency</b>               |                   | <b>City</b>     | Boston                    |                     |            |
| Drug Control Program        |                   | <b>State</b>    | MA                        | <b>Zip</b>          | _02114     |

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## Michigan

|                                  |                   |                 |                        |                     |            |
|----------------------------------|-------------------|-----------------|------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Bureau Director        | <b>Phone</b>        | 5172435044 |
| Gaedeke                          | Kimberly          | <b>Email</b>    | gaedekek@michigan.gov  | <b>Fax</b>          | 5172419416 |
| <b>Department</b>                |                   | <b>Address</b>  | 611 West Ottawa Street | <b>Contact type</b> | CS         |
| Licensing & Regulatory Affairs   |                   | <b>Address2</b> |                        |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Lansing                |                     |            |
| Bureau of Professional Licensing |                   | <b>State</b>    | MI                     | <b>Zip</b>          | 48933      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Michigan

|   |                   |                                  |                     |
|---|-------------------|----------------------------------|---------------------|
| <b>Last name</b>                          | <b>First name</b> | <b>Title</b>                     | <b>Phone</b>        |
| Pasanski                                  | Forrest           | Manager, Drug Monitoring Section | 5172426078          |
|   |                   | <b>Email</b>                     | <b>Fax</b>          |
|   |                   | PasanskiF1@michigan.gov          |                     |
| <b>Department</b>                         |                   | <b>Address</b>                   | <b>Contact type</b> |
| Dept. of Licensing and Regulatory Affairs |                   | <b>Address2</b>                  | PMP                 |
|   |                   | <b>City</b>                      |                     |
| <b>Agency</b>                             |                   | Lansing                          |                     |
| Bureau of Professional Licensing          |                   | <b>State</b>                     |                     |
|   |                   | MI                               | <b>Zip</b> 48909    |

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## Michigan

|                                  |                   |                        |                     |
|----------------------------------|-------------------|------------------------|---------------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>           | <b>Phone</b>        |
| Pezon                            | Cheryl            | Manager                | 5173731812          |
|                                  |                   | <b>Email</b>           | <b>Fax</b>          |
|                                  |                   | pezonc@michigan.gov    | 5172417535          |
| <b>Department</b>                |                   | <b>Address</b>         | <b>Contact type</b> |
| Licensing & Regulatory Affairs   |                   | 611 West Ottawa Street | CS                  |
|                                  |                   | <b>Address2</b>        |                     |
|                                  |                   | 3rd Floor, East side   |                     |
| <b>Agency</b>                    |                   | <b>City</b>            |                     |
| Bureau of Professional Licensing |                   | Lansing                |                     |
|                                  |                   | <b>State</b>           |                     |
|                                  |                   | MI                     | <b>Zip</b> 48933    |

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## Michigan

|  |                   |                        |                     |
|--|-------------------|------------------------|---------------------|
| <b>Last name</b>                           | <b>First name</b> | <b>Title</b>           | <b>Phone</b>        |
| Przybylo                                   | Kerry             | Manager                | 5173350918          |
|  |                   | <b>Email</b>           | <b>Fax</b>          |
|  |                   | PrzybyloK@michigan.gov |                     |
| <b>Department</b>                          |                   | <b>Address</b>         | <b>Contact type</b> |
| Bureau of Professional Licensing           |                   | 611 W. Ottawa          | CS                  |
|  |                   | <b>Address2</b>        |                     |
|  |                   | PO Box 30670           |                     |
| <b>Agency</b>                              |                   | <b>City</b>            |                     |
| Michigan Dept. of Licensing and Regulatory |                   | Lansing                |                     |
|  |                   | <b>State</b>           |                     |
|  |                   | MI                     | <b>Zip</b> 48909    |

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## Minnesota

|                                 |                   |                              |                     |
|---------------------------------|-------------------|------------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>                 | <b>Phone</b>        |
| Carter                          | Barbara           | PMP Manager                  | 6512012833          |
|                                 |                   | <b>Email</b>                 | <b>Fax</b>          |
|                                 |                   | barbara.a.carter@state.mn.us | 6126172261          |
| <b>Department</b>               |                   | <b>Address</b>               | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 2829 University Avenue, SE   | PMP                 |
|                                 |                   | <b>Address2</b>              |                     |
|                                 |                   | #530                         |                     |
| <b>Agency</b>                   |                   | <b>City</b>                  |                     |
| Board of Pharmacy               |                   | Minneapolis                  |                     |
|                                 |                   | <b>State</b>                 |                     |
|                                 |                   | MN                           | <b>Zip</b> 55414    |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Minnesota

|                                 |                   |                 |                             |                     |            |
|---------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Program Administrator       | <b>Phone</b>        | 6512012841 |
| Whitman                         | Shannon           | <b>Email</b>    | shannon.whitman@state.mn.us | <b>Fax</b>          |            |
| <b>Department</b>               |                   | <b>Address</b>  | 2829 University Avenue      | <b>Contact type</b> | PMP        |
| Prescription Monitoring Porgram |                   | <b>Address2</b> | Suite 530                   |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Minneapolis                 |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | MN                          | <b>Zip</b>          | 55414      |

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## Minnesota

|                   |                   |                 |                            |                     |            |
|-------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director         | <b>Phone</b>        | 6512012825 |
| Wiberg            | Cody              | <b>Email</b>    | cody.wiberg@state.mn.us    | <b>Fax</b>          | 6126172262 |
| <b>Department</b> |                   | <b>Address</b>  | 2829 University Avenue, SE | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | #530                       |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Minneapolis                |                     |            |
|                   |                   | <b>State</b>    | MN                         | <b>Zip</b>          | 55414-3251 |

---

## Mississippi

|                   |                   |                 |                           |                     |            |
|-------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | PMP Manager               | <b>Phone</b>        | 6018990138 |
| Crenshaw          | Dana              | <b>Email</b>    | dcrenshaw@mbp.state.ms.us | <b>Fax</b>          | 6018998904 |
| <b>Department</b> |                   | <b>Address</b>  | 6360 I-55 North           | <b>Contact type</b> | PMP        |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 400                 |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Jackson                   |                     |            |
|                   |                   | <b>State</b>    | MS                        | <b>Zip</b>          | 39211      |

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## Mississippi

|                   |                   |                 |                          |                     |            |
|-------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Compliance Agent         | <b>Phone</b>        | 6018998880 |
| Gammill           | Frank             | <b>Email</b>    | fgammill@mbp.state.ms.us | <b>Fax</b>          | 6018998891 |
| <b>Department</b> |                   | <b>Address</b>  | 6360 I-55 North          | <b>Contact type</b> | PMP        |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 400                |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Jackson                  |                     |            |
|                   |                   | <b>State</b>    | MS                       | <b>Zip</b>          | 39211      |

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# NASCSA PMP and Controlled Substance Contacts

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## Mississippi

|                                  |                   |                 |                              |                     |            |
|----------------------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Director                     | <b>Phone</b>        | 6017133457 |
| Pearson                          | Meg               | <b>Email</b>    | meg.pearson@msdh.state.ms.us | <b>Fax</b>          | 6013642670 |
| <b>Department</b>                |                   | <b>Address</b>  | 3156 Lawson Street           | <b>Contact type</b> | CS         |
| State Public Health Pharmacy     |                   | <b>Address2</b> |                              |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Jackson                      |                     |            |
| Mississippi Department of Health |                   | <b>State</b>    | MS                           | <b>Zip</b>          | 39213      |

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## Mississippi

|                   |                   |                 |                  |                     |            |
|-------------------|-------------------|-----------------|------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Compliance Agent | <b>Phone</b>        | 7699721050 |
| Seal              | Sid               | <b>Email</b>    | sseal@mbp.ms.gov | <b>Fax</b>          |            |
| <b>Department</b> |                   | <b>Address</b>  | 6360 I-55 North  | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 400        |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Jackson          |                     |            |
|                   |                   | <b>State</b>    | MS               | <b>Zip</b>          | 39211      |

---

## Mississippi

|                                  |                   |                 |                              |                     |            |
|----------------------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    |                              | <b>Phone</b>        | 6017133457 |
| Woods                            | Julia             | <b>Email</b>    | julia.woods@msdh.state.ms.us | <b>Fax</b>          | 6013642670 |
| <b>Department</b>                |                   | <b>Address</b>  | 3156 Lawson Street           | <b>Contact type</b> | CS         |
| State Public Health Pharmacy     |                   | <b>Address2</b> |                              |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Jackson                      |                     |            |
| Mississippi Department of Health |                   | <b>State</b>    | MS                           | <b>Zip</b>          | 39213      |

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## Missouri

|  |                   |                 |                              |                     |            |
|--|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>                       | <b>First name</b> | <b>Title</b>    | Administrator                | <b>Phone</b>        | 5737512111 |
| Boeger                                 | Michael           | <b>Email</b>    | michael.boeger@health.mo.gov | <b>Fax</b>          | 5735262569 |
| <b>Department</b>                      |                   | <b>Address</b>  | 920 Wildwood Drive           | <b>Contact type</b> | CSandPMP   |
| Bureau of Narcotics & Dangerous Drugs  |                   | <b>Address2</b> | P.O. Box 570                 |                     |            |
| <b>Agency</b>                          |                   | <b>City</b>     | Jefferson City               |                     |            |
| Department of Health & Senior Services |                   | <b>State</b>    | MO                           | <b>Zip</b>          | 65102-0570 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Missouri

|                            |                   |                 |                             |                     |             |
|----------------------------|-------------------|-----------------|-----------------------------|---------------------|-------------|
| <b>Last name</b>           | <b>First name</b> | <b>Title</b>    | Executive Director          | <b>Phone</b>        | 5737510091  |
| Grinston                   | Kimberly          | <b>Email</b>    | kimberly.grinston@pr.mo.gov | <b>Fax</b>          | 573526-0091 |
| <b>Department</b>          |                   | <b>Address</b>  | PO Box 625                  | <b>Contact type</b> | CS          |
| Missouri Board of Pharmacy |                   | <b>Address2</b> |                             |                     |             |
| <b>Agency</b>              |                   | <b>City</b>     | Jefferson City              |                     |             |
|                            |                   | <b>State</b>    | MO                          | <b>Zip</b>          | 65102       |

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## Missouri

|   |                   |                 |                             |                     |            |
|---|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                        | <b>First name</b> | <b>Title</b>    | Coordinator                 | <b>Phone</b>        | 3146151658 |
| Varner                                  | Emily             | <b>Email</b>    | evarner@stlouisco.com       | <b>Fax</b>          | 3146150507 |
| <b>Department</b>                       |                   | <b>Address</b>  | Department of Public Health | <b>Contact type</b> | PMP        |
| Prescription Drug Monitoring Program    |                   | <b>Address2</b> | 6121 N. Hanley Road         |                     |            |
| <b>Agency</b>                           |                   | <b>City</b>     | Berkley                     |                     |            |
| Saint Louis County Department of Health |                   | <b>State</b>    | MO                          | <b>Zip</b>          | 63134      |

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## Montana

|                   |                   |                 |                    |                     |            |
|-------------------|-------------------|-----------------|--------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Officer  | <b>Phone</b>        | 4068412371 |
| Bough             | Marcie            | <b>Email</b>    | mbough@mt.gov      | <b>Fax</b>          | 4068412344 |
| <b>Department</b> |                   | <b>Address</b>  | 310 S. Park Avenue | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | P.O. Box 200513    |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Helena             |                     |            |
|                   |                   | <b>State</b>    | MT                 | <b>Zip</b>          | 59620      |

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## Montana

|                   |                   |                 |                    |                     |            |
|-------------------|-------------------|-----------------|--------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    |                    | <b>Phone</b>        | 4064391952 |
| Douglas           | John              | <b>Email</b>    | jdouglas@mt.gov    | <b>Fax</b>          | 4068412344 |
| <b>Department</b> |                   | <b>Address</b>  | 301 S. Park Avenue | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | P.O. Box 200513    |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Helena             |                     |            |
|                   |                   | <b>State</b>    | MT                 | <b>Zip</b>          | 59620-0513 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Montana

|                   |                   |                    |                     |
|-------------------|-------------------|--------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>       | <b>Phone</b>        |
| Peterson          | Donna             | Program Manager    | 4068412240          |
| <b>Department</b> | <b>Email</b>      | <b>Address</b>     | <b>Fax</b>          |
| Board of Pharmacy | dpeterson3@mt.gov | 301 S. Park Avenue | 4068412344          |
| <b>Agency</b>     | <b>Address2</b>   | <b>City</b>        | <b>Contact type</b> |
|                   | P.O. Box 200513   | Helena             | PMP                 |
|                   | <b>State</b>      | <b>Zip</b>         |                     |
|                   | MT                | 59620              |                     |

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## Montana

|                   |                   |                    |                     |
|-------------------|-------------------|--------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>       | <b>Phone</b>        |
| Sybrant           | Bill              |                    | 4068412344          |
| <b>Department</b> | <b>Email</b>      | <b>Address</b>     | <b>Fax</b>          |
| Board of Pharmacy | bsybrant@mt.gov   | 301 S. Park Avenue | 4068412305          |
| <b>Agency</b>     | <b>Address2</b>   | <b>City</b>        | <b>Contact type</b> |
|                   | P.O. Box 200513   | Helena             | CSandPMP            |
|                   | <b>State</b>      | <b>Zip</b>         |                     |
|                   | MT                | 59620-0513         |                     |

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## Nebraska

|  |                   |                         |                     |
|--|-------------------|-------------------------|---------------------|
| <b>Last name</b>                       | <b>First name</b> | <b>Title</b>            | <b>Phone</b>        |
| Bass                                   | Deborah           | Chief Executive Officer | 4029817664          |
| <b>Department</b>                      | <b>Email</b>      | <b>Address</b>          | <b>Fax</b>          |
|  | dbass@nehii.org   | P.O. Box 27842          |                     |
| <b>Agency</b>                          | <b>Address2</b>   | <b>City</b>             | <b>Contact type</b> |
| Nebraska Health Information Initiative |                   | Omaha                   | PMP                 |
|  | <b>State</b>      | <b>Zip</b>              |                     |
|  | NE                | 68127                   |                     |

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## Nebraska

|  |                         |                  |                     |
|--|-------------------------|------------------|---------------------|
| <b>Last name</b>                       | <b>First name</b>       | <b>Title</b>     | <b>Phone</b>        |
| Borcher                                | Kevin                   | Program Director | 4022902635          |
| <b>Department</b>                      | <b>Email</b>            | <b>Address</b>   | <b>Fax</b>          |
| Prescription Monitoring Program        | kborcher@nehii.org      | P.O. Box 27842   | 4029050291          |
| <b>Agency</b>                          | <b>Address2</b>         | <b>City</b>      | <b>Contact type</b> |
| Nebraska Health Information Initiative | 6103 South 102nd Street | Omaha            | PMP                 |
|  | <b>State</b>            | <b>Zip</b>       |                     |
|  | NE                      | 608127           |                     |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Nebraska

|                                       |                   |                 |                           |                     |            |
|---------------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>    | Program Manager           | <b>Phone</b>        | 4024714915 |
| Lueke                                 | Kathie            | <b>Email</b>    | Kathie.Lueke@nebraska.gov | <b>Fax</b>          |            |
| <b>Department</b>                     |                   | <b>Address</b>  | 301 Centennial Mall South | <b>Contact type</b> | CS         |
| Department of Health & Human Services |                   | <b>Address2</b> | PO Box 98509              |                     |            |
| <b>Agency</b>                         |                   | <b>City</b>     | Lincoln                   |                     |            |
| Division of Public Health             |                   | <b>State</b>    | NE                        | <b>Zip</b>          | 95026      |

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## Nebraska

|                                    |                   |                 |                                       |                     |            |
|------------------------------------|-------------------|-----------------|---------------------------------------|---------------------|------------|
| <b>Last name</b>                   | <b>First name</b> | <b>Title</b>    | Epidemiology Surveillance Coordinator | <b>Phone</b>        | 4024714377 |
| Newmyer                            | Ashley            | <b>Email</b>    | Ashley.Newmyer@nebraska.gov           | <b>Fax</b>          |            |
| <b>Department</b>                  |                   | <b>Address</b>  | 301 Centennial Mall South             | <b>Contact type</b> | CS         |
| Dept. of Health and Human Services |                   | <b>Address2</b> | PO Box 95026                          |                     |            |
| <b>Agency</b>                      |                   | <b>City</b>     | Lincoln                               |                     |            |
| Division of Public Health          |                   | <b>State</b>    | NE                                    | <b>Zip</b>          | 68509      |

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## Nebraska

|                                    |                   |                 |                                    |                     |            |
|------------------------------------|-------------------|-----------------|------------------------------------|---------------------|------------|
| <b>Last name</b>                   | <b>First name</b> | <b>Title</b>    | Rx Drug Overdose Prevention        | <b>Phone</b>        | 4024710379 |
| Quintana-Zinn                      | Felicia           | <b>Email</b>    | Felicia.quintana-zinn@Nebraska.gov | <b>Fax</b>          | 4024710835 |
| <b>Department</b>                  |                   | <b>Address</b>  | 301 Centennial Mall South          | <b>Contact type</b> | CS         |
| Dept. of Health and Human Services |                   | <b>Address2</b> | PO Box 95026                       |                     |            |
| <b>Agency</b>                      |                   | <b>City</b>     | Lincoln                            |                     |            |
| Division of Public Health          |                   | <b>State</b>    | NE                                 | <b>Zip</b>          | 68509      |

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## Nebraska

|                                   |                   |                 |                                       |                     |            |
|-----------------------------------|-------------------|-----------------|---------------------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Prescription Drug Overdose Prevention | <b>Phone</b>        | 4024710835 |
| Reynoldson                        | Amy               | <b>Email</b>    | Amy.Reynoldson@nebraska.gov           | <b>Fax</b>          |            |
| <b>Department</b>                 |                   | <b>Address</b>  | 301 Centennial Mall South             | <b>Contact type</b> | CS         |
| Dept. of Health and Human Servies |                   | <b>Address2</b> | PO Box 95026                          |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Lincoln                               |                     |            |
| Division of Public Health         |                   | <b>State</b>    | NE                                    | <b>Zip</b>          | 68509      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Nebraska

|                                      |                   |                |                           |                     |            |
|--------------------------------------|-------------------|----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>   | Administrator             | <b>Phone</b>        | 4024712118 |
| Wisell                               | Becky             | <b>Email</b>   | becky.wisell@nebraska.gov | <b>Fax</b>          | 4024713577 |
| <b>Department</b>                    |                   | <b>Address</b> | P.O. Box 94986            | <b>Contact type</b> | CSandPMP   |
| Professional & Occpational Licensing |                   | <b>Adress2</b> |                           |                     |            |
| <b>Agency</b>                        |                   | <b>City</b>    | Lincoln                   |                     |            |
| Department of Health                 |                   | <b>State</b>   | NE                        | <b>Zip</b>          | 68509-4986 |

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## Nevada

|                   |                   |                |                         |                     |            |
|-------------------|-------------------|----------------|-------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>   | Executive Secretary     | <b>Phone</b>        | 7756875694 |
| Pinson            | Larry             | <b>Email</b>   | lpinson@pharmacy.nv.gov | <b>Fax</b>          | 7756875161 |
| <b>Department</b> |                   | <b>Address</b> | 431 W. Plumb Lane       | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Adress2</b> |                         |                     |            |
| <b>Agency</b>     |                   | <b>City</b>    | Reno                    |                     |            |
|                   |                   | <b>State</b>   | NV                      | <b>Zip</b>          | 89509      |

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## New Hampshire

|                                      |                   |                |                                    |                     |            |
|--------------------------------------|-------------------|----------------|------------------------------------|---------------------|------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>   | Medicaid Pharmacy Director         | <b>Phone</b>        | 6032719098 |
| Clifford                             | Margaret          | <b>Email</b>   | margaret.clifford@dhhs.state.nh.us | <b>Fax</b>          | 6032718194 |
| <b>Department</b>                    |                   | <b>Address</b> | 129 Pleasant Street                | <b>Contact type</b> | CS         |
| Health & Human Services              |                   | <b>Adress2</b> |                                    |                     |            |
| <b>Agency</b>                        |                   | <b>City</b>    | Concord                            |                     |            |
| Office of Medicaid Business & Policy |                   | <b>State</b>   | NH                                 | <b>Zip</b>          | _03301     |

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## New Hampshire

|                   |                   |                |  |                     |             |
|-------------------|-------------------|----------------|--|---------------------|-------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>   | Executive Director/Chief of Compliance | <b>Phone</b>        | 6032712350  |
| Michael           | Bullek            | <b>Email</b>   | Michael.Bullek@nh.gov                  | <b>Fax</b>          | 6032712856  |
| <b>Department</b> |                   | <b>Address</b> | 121 S. Fruit Street                    | <b>Contact type</b> | CS          |
| Board of Pharmacy |                   | <b>Adress2</b> | Suite 401                              |                     |             |
| <b>Agency</b>     |                   | <b>City</b>    | Concord                                |                     |             |
|                   |                   | <b>State</b>   | NH                                     | <b>Zip</b>          | _03301-2412 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## New Hampshire

|                   |                   |                        |                     |
|-------------------|-------------------|------------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>           | <b>Phone</b>        |
| Queenan           | James             | Compliance Inspector   | 6032712350          |
|                   |                   | <b>Email</b>           | <b>Fax</b>          |
|                   |                   | james.queenan@nh.gov   | 6032712856          |
| <b>Department</b> |                   | <b>Address</b>         | <b>Contact type</b> |
| Board of Pharmacy |                   | 121 South Fruit Street | CS                  |
| <b>Agency</b>     |                   | <b>Address2</b>        |                     |
|                   |                   | Suite 401              |                     |
|                   |                   | <b>City</b>            |                     |
|                   |                   | Concord                |                     |
|                   |                   | <b>State</b>           | <b>Zip</b>          |
|                   |                   | NH                     | _03301-2412         |

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## New Hampshire

|                                 |                   |                            |                     |
|---------------------------------|-------------------|----------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>               | <b>Phone</b>        |
| Ricco Jonas                     | Michelle          | Program Manager            | 6032716980          |
|                                 |                   | <b>Email</b>               | <b>Fax</b>          |
|                                 |                   | michelle.riccojonas@nh.gov | 6032712856          |
| <b>Department</b>               |                   | <b>Address</b>             | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 121 South Fruit Street     | PMP                 |
| <b>Agency</b>                   |                   | <b>Address2</b>            |                     |
|                                 |                   |                            |                     |
|                                 |                   | <b>City</b>                |                     |
|                                 |                   | Concord                    |                     |
|                                 |                   | <b>State</b>               | <b>Zip</b>          |
|                                 |                   | NH                         | _03301              |

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## New Hampshire

|                                 |                   |                                |                     |
|---------------------------------|-------------------|--------------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>                   | <b>Phone</b>        |
| Richard                         | Jason             | Licensing Supervisor           | 6032712350          |
|                                 |                   | <b>Email</b>                   | <b>Fax</b>          |
|                                 |                   | Jason.richard@nh.gov           | 6032712856          |
| <b>Department</b>               |                   | <b>Address</b>                 | <b>Contact type</b> |
| New Hampshire Board of Pharmacy |                   | 121 S. Fruit Street, Suite 401 | CS                  |
| <b>Agency</b>                   |                   | <b>Address2</b>                |                     |
|                                 |                   |                                |                     |
|                                 |                   | <b>City</b>                    |                     |
|                                 |                   | Concord                        |                     |
|                                 |                   | <b>State</b>                   | <b>Zip</b>          |
|                                 |                   | NH                             | _03301-2412         |

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## New Jersey

|                   |                   |                               |                     |
|-------------------|-------------------|-------------------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>                  | <b>Phone</b>        |
| Fiorilli          | Jessica           | Executive Director            | 9735046593          |
|                   |                   | <b>Email</b>                  | <b>Fax</b>          |
|                   |                   | FiorilliJ@dca.lps.state.nj.us |                     |
| <b>Department</b> |                   | <b>Address</b>                | <b>Contact type</b> |
| Drug Control Unit |                   | P.O. 45045                    | CS                  |
| <b>Agency</b>     |                   | <b>Address2</b>               |                     |
| Consumer Affairs  |                   |                               |                     |
|                   |                   | <b>City</b>                   |                     |
|                   |                   | Newark                        |                     |
|                   |                   | <b>State</b>                  | <b>Zip</b>          |
|                   |                   | NJ                            | 07101               |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## New Jersey

|                                     |                   |                 |                            |                     |            |
|-------------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                    | <b>First name</b> | <b>Title</b>    | Director                   | <b>Phone</b>        | 9732738010 |
| Melio                               | James             | <b>Email</b>    | mieloj@dca.lps.state.nj.us | <b>Fax</b>          |            |
| <b>Department</b>                   |                   | <b>Address</b>  | 124 Halsey Street          | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program     |                   | <b>Address2</b> |                            |                     |            |
| <b>Agency</b>                       |                   | <b>City</b>     | Newark                     |                     |            |
| Attorney General - Consumer Affairs |                   | <b>State</b>    | NJ                         | <b>Zip</b>          | _07102     |

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## New Jersey

|                                   |                   |                 |                                |                     |            |
|-----------------------------------|-------------------|-----------------|--------------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Assistant Deputy Director      | <b>Phone</b>        | 9735046476 |
| Wetzel                            | Matthew           | <b>Email</b>    | matthew.wetzel@lps.state.nj.us | <b>Fax</b>          | 9735046326 |
| <b>Department</b>                 |                   | <b>Address</b>  | PO Box 45027                   | <b>Contact type</b> | CSandPMP   |
| Division of Consumer Affairs      |                   | <b>Address2</b> | Directors Office               |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Newark                         |                     |            |
| NJ Office of the Attorney General |                   | <b>State</b>    | NJ                             | <b>Zip</b>          | _07101     |

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## New Mexico

|                                 |                   |                 |                             |                     |            |
|---------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Director                    | <b>Phone</b>        | 5052229818 |
| Bagwell                         | Shelley           | <b>Email</b>    | shelley.bagwell@state.nm.us | <b>Fax</b>          | 5052229845 |
| <b>Department</b>               |                   | <b>Address</b>  | 5500 San Antonio Drive NE   | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> | Suite C                     |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Albuquerque                 |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | NM                          | <b>Zip</b>          | 87109      |

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## New Mexico

|                                 |                   |                 |                            |                     |            |
|---------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Manager                    | <b>Phone</b>        | 5052229847 |
| Gonzales                        | Maria             | <b>Email</b>    | maria.gonzales@state.nm.us | <b>Fax</b>          | 5052229845 |
| <b>Department</b>               |                   | <b>Address</b>  | 5500 San Antonio Drive NE  | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> | Suite C                    |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Albuquerque                |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | NM                         | <b>Zip</b>          | 87109      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## New Mexico

|                   |                   |                 |                            |                     |            |
|-------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director         | <b>Phone</b>        | 5052229838 |
| Kesner            | Ben               | <b>Email</b>    | ben.kesner@state.nm.us     | <b>Fax</b>          | 5052229845 |
| <b>Department</b> |                   | <b>Address</b>  | 5500 San Antonio Drive, NE | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | Suite C                    |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Albuquerque                |                     |            |
|                   |                   | <b>State</b>    | NM                         | <b>Zip</b>          | 87109-4177 |

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## New Mexico

|                                 |                   |                 |                           |                     |            |
|---------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | PMP Specialist            | <b>Phone</b>        | 5052229814 |
| Wade                            | Christy           | <b>Email</b>    | Cristy.Wade@state.nm.us   | <b>Fax</b>          | 5052229845 |
| <b>Department</b>               |                   | <b>Address</b>  | 5500 San Antonio Drive NE | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> | Suite C                   |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Albuquerque               |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | NM                        | <b>Zip</b>          | 87109      |

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## New York

|                                |                   |                 |                              |                     |            |
|--------------------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Health Program Administrator | <b>Phone</b>        | 5184080248 |
| Del Signore                    | Sarah             | <b>Email</b>    | skd03@health.state.ny.us     | <b>Fax</b>          | 518        |
| <b>Department</b>              |                   | <b>Address</b>  | Riverview Center             | <b>Contact type</b> | PMP        |
| Bureau of Narcotic Enforcement |                   | <b>Address2</b> | 150 Broadway                 |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Albany                       |                     |            |
| Department of Health           |                   | <b>State</b>    | NY                           | <b>Zip</b>          | 12204      |

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## New York

|                            |                   |                 |                        |                     |            |
|----------------------------|-------------------|-----------------|------------------------|---------------------|------------|
| <b>Last name</b>           | <b>First name</b> | <b>Title</b>    | Executive Secretary    | <b>Phone</b>        | 5184743817 |
| Leonard                    | Kimberly          | <b>Email</b>    | pharmbd@mail.nysed.gov | <b>Fax</b>          | 5184736995 |
| <b>Department</b>          |                   | <b>Address</b>  | 89 Washington Avenue   | <b>Contact type</b> | CS         |
| New York Board of Pharmacy |                   | <b>Address2</b> | 2nd Floor W            |                     |            |
| <b>Agency</b>              |                   | <b>City</b>     | Albany                 |                     |            |
|                            |                   | <b>State</b>    | NY                     | <b>Zip</b>          | 12234      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## New York

|                                |                   |                 |                            |                     |            |
|--------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Assistant Director         | <b>Phone</b>        | 5184080248 |
| Murray                         | Anita             | <b>Email</b>    | anita.murray@health.ny.gov | <b>Fax</b>          | 5184080209 |
| <b>Department</b>              |                   | <b>Address</b>  | Riverview Center           | <b>Contact type</b> | CSandPMP   |
| Bureau of Narcotic Enforcement |                   | <b>Address2</b> | 150 Broadway               |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Albany                     |                     |            |
| Department of Health           |                   | <b>State</b>    | NY                         | <b>Zip</b>          | 12204      |

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## New York

|                                   |                   |                 |                          |                     |            |
|-----------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Deputy Director          | <b>Phone</b>        | 5184020707 |
| Treacy                            | Jennifer          | <b>Email</b>    | jxt03@health.state.ny.us | <b>Fax</b>          | 5184020709 |
| <b>Department</b>                 |                   | <b>Address</b>  | 433 River Street         | <b>Contact type</b> | CS         |
| Healthcare Quality & Surveillance |                   | <b>Address2</b> | 5th Floor                |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Troy                     |                     |            |
| Department of Health              |                   | <b>State</b>    | NY                       | <b>Zip</b>          | 12180      |

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## New York

|                                |                   |                 |                                  |                     |            |
|--------------------------------|-------------------|-----------------|----------------------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Director                         | <b>Phone</b>        | 5184080248 |
| Vinciguerra                    | Joshua            | <b>Email</b>    | joshua.vinciguerra@health.ny.gov | <b>Fax</b>          | 5184020209 |
| <b>Department</b>              |                   | <b>Address</b>  | Riverview Center                 | <b>Contact type</b> | CSandPMP   |
| Bureau of Narcotic Enforcement |                   | <b>Address2</b> | 150 Broadway                     |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Albany                           |                     |            |
| Department of Health           |                   | <b>State</b>    | NY                               | <b>Zip</b>          | 12204      |

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## North Carolina

|                         |                   |                 |                          |                     |            |
|-------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>        | <b>First name</b> | <b>Title</b>    | Manager                  | <b>Phone</b>        | 9197331765 |
| Asbun                   | Alex              | <b>Email</b>    | alex.ashbun@dhhs.nc.gov  | <b>Fax</b>          | 9195080983 |
| <b>Department</b>       |                   | <b>Address</b>  | 3008 Mail Service Center | <b>Contact type</b> | CSandPMP   |
| Drug Control Unit       |                   | <b>Address2</b> |                          |                     |            |
| <b>Agency</b>           |                   | <b>City</b>     | Raleigh                  |                     |            |
| Health & Human Services |                   | <b>State</b>    | NC                       | <b>Zip</b>          | 27699-3008 |

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# NASCSA PMP and Controlled Substance Contacts

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## North Carolina

|                         |                   |                 |                                |                     |            |
|-------------------------|-------------------|-----------------|--------------------------------|---------------------|------------|
| <b>Last name</b>        | <b>First name</b> | <b>Title</b>    | Justice Innovation Team Leader | <b>Phone</b>        | 9197152771 |
| Brown                   | Sonya             | <b>Email</b>    | sonya.brown@dhhs.nc.gov        | <b>Fax</b>          | 9195080982 |
| <b>Department</b>       |                   | <b>Address</b>  | 325 North Salisbury Street     | <b>Contact type</b> | CS         |
| Drug Control Unit       |                   | <b>Address2</b> |                                |                     |            |
| <b>Agency</b>           |                   | <b>City</b>     | Raleigh                        |                     |            |
| Health & Human Services |                   | <b>State</b>    | NC                             | <b>Zip</b>          | 27699-3008 |

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## North Carolina

|                                  |                   |                 |                            |                     |            |
|----------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Program Assistant          | <b>Phone</b>        | 9197331765 |
| Scott                            | Devon             | <b>Email</b>    | devon.scott@dhhs.nc.gov    | <b>Fax</b>          | 9195080983 |
| <b>Department</b>                |                   | <b>Address</b>  | 325 North Salisbury Street | <b>Contact type</b> | PMP        |
| Controlled Substances Regulatory |                   | <b>Address2</b> |                            |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Raleigh                    |                     |            |
|                                  |                   | <b>State</b>    | NC                         | <b>Zip</b>          | 27699      |

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## North Carolina

|                                  |                   |                 |                           |                     |            |
|----------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Program Consultant        | <b>Phone</b>        | 9197331765 |
| Womble                           | John              | <b>Email</b>    | johnny.womble@dhhs.nc.gov | <b>Fax</b>          | 9195080983 |
| <b>Department</b>                |                   | <b>Address</b>  | 3008 Mail Service Center  | <b>Contact type</b> | PMP        |
| Controlled Substances Regulatory |                   | <b>Address2</b> |                           |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Raleigh                   |                     |            |
|                                  |                   | <b>State</b>    | NC                        | <b>Zip</b>          | 27699-3008 |

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## North Dakota

|                   |                   |                 |                         |                     |            |
|-------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director      | <b>Phone</b>        | 7013289535 |
| Hardy             | Mark              | <b>Email</b>    | mhardy@btinet.net       | <b>Fax</b>          | 7012589536 |
| <b>Department</b> |                   | <b>Address</b>  | P.O. 1354               | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | 1906 E. Broadway Avenue |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Bismarck                |                     |            |
|                   |                   | <b>State</b>    | ND                      | <b>Zip</b>          | 58502-1354 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## North Dakota

|                                      |                   |                        |                     |
|--------------------------------------|-------------------|------------------------|---------------------|
| <b>Last name</b>                     | <b>First name</b> | <b>Title</b>           | <b>Phone</b>        |
| Zahn                                 | Kathy             | Program Administrator  | 7013289537          |
|                                      |                   | <b>Email</b>           | <b>Fax</b>          |
|                                      |                   | pdmp@nd.gov            | 7013289536          |
| <b>Department</b>                    |                   | <b>Address</b>         | <b>Contact type</b> |
| Prescription Drug Monitoring Program |                   | 1906 E Broadway Avenue | PMP                 |
| <b>Agency</b>                        |                   | <b>Address2</b>        |                     |
|                                      |                   | P.O. Box 1354          |                     |
|                                      |                   | <b>City</b>            |                     |
|                                      |                   | Bismarck               |                     |
|                                      |                   | <b>State</b>           | <b>Zip</b>          |
|                                      |                   | ND                     | 58502               |

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## Ohio

|                        |                   |                          |                     |
|------------------------|-------------------|--------------------------|---------------------|
| <b>Last name</b>       | <b>First name</b> | <b>Title</b>             | <b>Phone</b>        |
| Garner                 | Chad              | PMP Director             | 6144664143          |
|                        |                   | <b>Email</b>             | <b>Fax</b>          |
|                        |                   | chad.garner@bop.ohio.gov | 6146448556          |
| <b>Department</b>      |                   | <b>Address</b>           | <b>Contact type</b> |
| Ohio Board of Pharmacy |                   | 77 S. High Street        | CSandPMP            |
| <b>Agency</b>          |                   | <b>Address2</b>          |                     |
|                        |                   | 17th Floor               |                     |
|                        |                   | <b>City</b>              |                     |
|                        |                   | Columbus                 |                     |
|                        |                   | <b>State</b>             | <b>Zip</b>          |
|                        |                   | OH                       | 43215               |

---

## Oklahoma

|                                       |                   |   |                     |
|---------------------------------------|-------------------|---|---------------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>                            | <b>Phone</b>        |
| Escalante                             | Paula             | Prescription Monitoring Program Analyst | 4055303105          |
|                                       |                   | <b>Email</b>                            | <b>Fax</b>          |
|                                       |                   | pescalante@obn.state.ok.us              |                     |
| <b>Department</b>                     |                   | <b>Address</b>                          | <b>Contact type</b> |
| Bureau of Narcotics & Dangerous Drugs |                   | 419 NE 38th Terrace                     | PMP                 |
| <b>Agency</b>                         |                   | <b>Address2</b>                         |                     |
|                                       |                   |   |                     |
|                                       |                   | <b>City</b>                             |                     |
|                                       |                   | Oklahoma City                           |                     |
|                                       |                   | <b>State</b>                            | <b>Zip</b>          |
|                                       |                   | OK                                      | 73105               |

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## Oklahoma

|                                   |                   |                       |                     |
|-----------------------------------|-------------------|-----------------------|---------------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>          | <b>Phone</b>        |
| Hale                              | David             | Agent-In-Charge       | 9194461616          |
|                                   |                   | <b>Email</b>          | <b>Fax</b>          |
|                                   |                   | dhale@obn.state.ok.us | 9194450724          |
| <b>Department</b>                 |                   | <b>Address</b>        | <b>Contact type</b> |
| Bureau of Narcotics and Dangerous |                   | 6216 S. Lewis Street  | CSandPMP            |
| <b>Agency</b>                     |                   | <b>Address2</b>       |                     |
|                                   |                   | Suite 195             |                     |
|                                   |                   | <b>City</b>           |                     |
|                                   |                   | Tulsa                 |                     |
|                                   |                   | <b>State</b>          | <b>Zip</b>          |
|                                   |                   | OK                    | 74136               |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Oklahoma

|                                       |                   |                 |                          |                     |            |
|---------------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>    | Chief Agent              | <b>Phone</b>        | 8005228031 |
| Stewart                               | Mark              | <b>Email</b>    | mstewart@obn.state.ok.us | <b>Fax</b>          | 4055247619 |
| <b>Department</b>                     |                   | <b>Address</b>  | 419 N.E. 38th Terrace    | <b>Contact type</b> | CS         |
| Bureau of Narcotics & Dangerous Drugs |                   | <b>Address2</b> |                          |                     |            |
| <b>Agency</b>                         |                   | <b>City</b>     | Oklahoma City            |                     |            |
|                                       |                   | <b>State</b>    | OK                       | <b>Zip</b>          | 73105      |

---

## Oregon

|                         |                   |                 |                           |                     |            |
|-------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>        | <b>First name</b> | <b>Title</b>    | Administrative Specialist | <b>Phone</b>        | 9716731105 |
| Beran                   | Todd              | <b>Email</b>    | todd.beran@state.or.us    | <b>Fax</b>          | 9716730990 |
| <b>Department</b>       |                   | <b>Address</b>  | 800 NE Oregon Street      | <b>Contact type</b> | PMP        |
| Oregon Health Authority |                   | <b>Address2</b> | Suite 772                 |                     |            |
| <b>Agency</b>           |                   | <b>City</b>     | Portland                  |                     |            |
| PH-ODPE-IPE-PDMP        |                   | <b>State</b>    | OR                        | <b>Zip</b>          | 97232      |

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## Oregon

|                         |                   |                 |                             |                     |            |
|-------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>        | <b>First name</b> | <b>Title</b>    | Administrative Specialist 2 | <b>Phone</b>        | 9716731037 |
| Kraus                   | Sara              | <b>Email</b>    | sara.e.kraus@state.or.us    | <b>Fax</b>          | 9716730990 |
| <b>Department</b>       |                   | <b>Address</b>  | 800 NE Oregon Street        | <b>Contact type</b> | PMP        |
| Oregon Health Authority |                   | <b>Address2</b> | Suite 772                   |                     |            |
| <b>Agency</b>           |                   | <b>City</b>     | Portland                    |                     |            |
| PH-ODPE-IPE-PDMP        |                   | <b>State</b>    | OR                          | <b>Zip</b>          | 97232      |

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## Oregon

|                                  |                   |                 |                           |                     |            |
|----------------------------------|-------------------|-----------------|---------------------------|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Program Manager           | <b>Phone</b>        | 9715728585 |
| Millet                           | Lisa              | <b>Email</b>    | lisa.m.millet@state.or.us | <b>Fax</b>          | 9716730990 |
| <b>Department</b>                |                   | <b>Address</b>  | 800 NE Oregon St          | <b>Contact type</b> | PMP        |
| Public Health Division           |                   | <b>Address2</b> | Suite 772                 |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Portland                  |                     |            |
| Injury Prevention & Epidemiology |                   | <b>State</b>    | OR                        | <b>Zip</b>          | 97232      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Oregon

|                   |                   |                 |                         |                     |            |
|-------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director      | <b>Phone</b>        | 9716730001 |
| Watt              | Marcus            | <b>Email</b>    | marcus.watt@state.or.us | <b>Fax</b>          | 9716730002 |
| <b>Department</b> |                   | <b>Address</b>  | 800 N.E. Oregon Street  | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | Suite #150              |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Portland                |                     |            |
|                   |                   | <b>State</b>    | OR                      | <b>Zip</b>          | 97232      |

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## Pennsylvania

|  |                   |                 |                             |                     |            |
|--|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                           | <b>First name</b> | <b>Title</b>    | Supervisory Narcotics Agent | <b>Phone</b>        | 8148364300 |
| McGill                                     | Alan              | <b>Email</b>    | amcgill@attorneygeneral.gov | <b>Fax</b>          | 8148364328 |
| <b>Department</b>                          |                   | <b>Address</b>  | 4801 Atlantic Ave.          | <b>Contact type</b> | CSandPMP   |
| Office of the Attorney General             |                   | <b>Address2</b> |                             |                     |            |
| <b>Agency</b>                              |                   | <b>City</b>     | Erie                        |                     |            |
| Bureau of Narcotics Investigation and Drug |                   | <b>State</b>    | PA                          | <b>Zip</b>          | 16335      |

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## Pennsylvania

|                                   |                   |                 |                    |                     |            |
|-----------------------------------|-------------------|-----------------|--------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Director           | <b>Phone</b>        | 7175473144 |
| Patel                             | Meghna            | <b>Email</b>    | magpatel@pa.gov    | <b>Fax</b>          | 7177870191 |
| <b>Department</b>                 |                   | <b>Address</b>  | 625 Forster Street | <b>Contact type</b> | PMP        |
| Pennsylvania Department of Health |                   | <b>Address2</b> |                    |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Harrisburg         |                     |            |
| Prescription Monitoring Program   |                   | <b>State</b>    | PA                 | <b>Zip</b>          | 17120      |

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## Pennsylvania

|                      |                   |                 |                         |                     |            |
|----------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Drug Program Specialist | <b>Phone</b>        | 7177874779 |
| Ritchie              | Theresa           | <b>Email</b>    | tritchie@state.pa.us    | <b>Fax</b>          | 7177873188 |
| <b>Department</b>    |                   | <b>Address</b>  | 132 Kline Plaza         | <b>Contact type</b> | CS         |
| Department of Health |                   | <b>Address2</b> | Suite A                 |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Harrisburg              |                     |            |
|                      |                   | <b>State</b>    | PA                      | <b>Zip</b>          | 17104      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Rhode Island

|                                   |                   |                 |                              |                     |             |
|-----------------------------------|-------------------|-----------------|------------------------------|---------------------|-------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Data Manager                 | <b>Phone</b>        | 4012222507  |
| Ayers                             | Victoria          | <b>Email</b>    | Victoria.ayers@health.ri.gov | <b>Fax</b>          | 4012222158  |
| <b>Department</b>                 |                   | <b>Address</b>  | 3 Capitol Hill               | <b>Contact type</b> | CSandPMP    |
| Rhode Island Department of Health |                   | <b>Address2</b> | Room 205                     |                     |             |
| <b>Agency</b>                     |                   | <b>City</b>     | Providence                   |                     |             |
| Prescription Monitoring Program   |                   | <b>State</b>    | RI                           | <b>Zip</b>          | _02908-5097 |

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## Rhode Island

|                      |                   |                 |                                  |                     |            |
|----------------------|-------------------|-----------------|----------------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Chief, Compliance and Regulatory | <b>Phone</b>        | 4012227892 |
| Campbell             | Scott             | <b>Email</b>    | scott.campbell@health.ri.gov     | <b>Fax</b>          | 4012222158 |
| <b>Department</b>    |                   | <b>Address</b>  | 3 Capitol Hill, Room 205         | <b>Contact type</b> | CS         |
| RI Board of Pharmacy |                   | <b>Address2</b> |                                  |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Providence                       |                     |            |
| Department of Health |                   | <b>State</b>    | RI                               | <b>Zip</b>          | _02908     |

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## Rhode Island

|                   |                   |                 |                             |                     |             |
|-------------------|-------------------|-----------------|-----------------------------|---------------------|-------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director          | <b>Phone</b>        | 4012222837  |
| Ragosta           | Peter             | <b>Email</b>    | peter.ragosta@health.ri.gov | <b>Fax</b>          | 4012222158  |
| <b>Department</b> |                   | <b>Address</b>  | 3 capitol Hill              | <b>Contact type</b> | CSandPMP    |
| Board of Pharmacy |                   | <b>Address2</b> | Room 205                    |                     |             |
| <b>Agency</b>     |                   | <b>City</b>     | Providence                  |                     |             |
|                   |                   | <b>State</b>    | RI                          | <b>Zip</b>          | _02908-5097 |

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## Rhode Island

|                                 |                   |                 |                     |                     |             |
|---------------------------------|-------------------|-----------------|---------------------|---------------------|-------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Program Specialist  | <b>Phone</b>        | 4012224747  |
| Raymong                         | Matthew           | <b>Email</b>    | ripmp@health.ri.gov | <b>Fax</b>          |             |
| <b>Department</b>               |                   | <b>Address</b>  | 3 Capitol Hill      | <b>Contact type</b> | PMP         |
| Prescription Monitoring program |                   | <b>Address2</b> | Room 205            |                     |             |
| <b>Agency</b>                   |                   | <b>City</b>     | Providence          |                     |             |
| Department of Health            |                   | <b>State</b>    | RI                  | <b>Zip</b>          | _02908-5097 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## South Carolina

|  |                   |                 |                     |                     |            |
|--|-------------------|-----------------|---------------------|---------------------|------------|
| <b>Last name</b>                           | <b>First name</b> | <b>Title</b>    | Director            | <b>Phone</b>        | 8038960689 |
| Frick                                      | Christie          | <b>Email</b>    | frickcj@dhec.sc.gov | <b>Fax</b>          | 8038960686 |
| <b>Department</b>                          |                   | <b>Address</b>  | 2600 Bull Street    | <b>Contact type</b> | CSandPMP   |
| Prescription Drug Monitoring Program       |                   | <b>Address2</b> |                     |                     |            |
| <b>Agency</b>                              |                   | <b>City</b>     | Columbia            |                     |            |
| SC Dept. of Health & Environmental Control |                   | <b>State</b>    | SC                  | <b>Zip</b>          | 29201      |

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## South Carolina

|                                |                   |                 |                      |                     |            |
|--------------------------------|-------------------|-----------------|----------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Assistant Director   | <b>Phone</b>        | 8038960688 |
| Paschall                       | Tracie            | <b>Email</b>    | paschatm@dhec.sc.gov | <b>Fax</b>          | 8038960686 |
| <b>Department</b>              |                   | <b>Address</b>  | 2600 Bull Street     | <b>Contact type</b> | PMP        |
| Bureau of Drug Control         |                   | <b>Address2</b> |                      |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Columbia             |                     |            |
| Health & Environmental Control |                   | <b>State</b>    | SC                   | <b>Zip</b>          | 29201      |

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## South Carolina

|                                |                   |                 |                      |                     |            |
|--------------------------------|-------------------|-----------------|----------------------|---------------------|------------|
| <b>Last name</b>               | <b>First name</b> | <b>Title</b>    | Director             | <b>Phone</b>        | 8038960636 |
| Thomson                        | Lisa              | <b>Email</b>    | thomsola@dhec.sc.gov | <b>Fax</b>          | 8038960627 |
| <b>Department</b>              |                   | <b>Address</b>  | 2600 Bull Street     | <b>Contact type</b> | CSandPMP   |
| Bureau of Drug Control         |                   | <b>Address2</b> |                      |                     |            |
| <b>Agency</b>                  |                   | <b>City</b>     | Columbia             |                     |            |
| Health & Environmental Control |                   | <b>State</b>    | SC                   | <b>Zip</b>          | 29201      |

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## South Dakota

|                                   |                   |                 |                        |                     |            |
|-----------------------------------|-------------------|-----------------|------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    |                        | <b>Phone</b>        | 6057733366 |
| Coolidge                          | Bob               | <b>Email</b>    | coolidge@dtgnet.com    | <b>Fax</b>          | 6057736667 |
| <b>Department</b>                 |                   | <b>Address</b>  | 615 East Fourth Street | <b>Contact type</b> | CS         |
| Healthcare Facilities Licensure & |                   | <b>Address2</b> |                        |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Pierre                 |                     |            |
| Department of Health              |                   | <b>State</b>    | SD                     | <b>Zip</b>          | 57501-3158 |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## South Dakota

|                                 |                   |                 |                            |                     |            |
|---------------------------------|-------------------|-----------------|----------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Director                   | <b>Phone</b>        | 6053622737 |
| DeNoon                          | Melissa           | <b>Email</b>    | melissa.denoon@state.sd.us | <b>Fax</b>          | 6053622738 |
| <b>Department</b>               |                   | <b>Address</b>  | 4001 W. Walhalla Blvd      | <b>Contact type</b> | PMP        |
| Prescription Monitoring Program |                   | <b>Address2</b> | Suite 106                  |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Sioux Falls                |                     |            |
| Board of Pharmacy               |                   | <b>State</b>    | SD                         | <b>Zip</b>          | 57106      |

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## South Dakota

|                   |                   |                 |                                   |                     |            |
|-------------------|-------------------|-----------------|-----------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director                | <b>Phone</b>        | 6053622737 |
| Shanard-Koenders  | Kari              | <b>Email</b>    | kari.shanard-koenders@state.sd.us | <b>Fax</b>          | 6053622738 |
| <b>Department</b> |                   | <b>Address</b>  | 4001 W. Valhalla Blvd             | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 106                         |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Sioux Falls                       |                     |            |
|                   |                   | <b>State</b>    | SD                                | <b>Zip</b>          | 57106      |

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## South Dakota

|                                   |                   |                 |                             |                     |            |
|-----------------------------------|-------------------|-----------------|-----------------------------|---------------------|------------|
| <b>Last name</b>                  | <b>First name</b> | <b>Title</b>    | Assistant Director          | <b>Phone</b>        | 6057733331 |
| Zeeb                              | Brian             | <b>Email</b>    | brian.zeeb@state.sd.us      | <b>Fax</b>          |            |
| <b>Department</b>                 |                   | <b>Address</b>  | 1302 E. Highway 14, Suite 5 | <b>Contact type</b> | PMP        |
| South Dakota Division of Criminal |                   | <b>Address2</b> |                             |                     |            |
| <b>Agency</b>                     |                   | <b>City</b>     | Pierre                      |                     |            |
|                                   |                   | <b>State</b>    | SD                          | <b>Zip</b>          | 57501      |

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## Tennessee

|                                 |                   |                 |                      |                     |            |
|---------------------------------|-------------------|-----------------|----------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Director             | <b>Phone</b>        | 6153511761 |
| Bess                            | David             | <b>Email</b>    | david.bess@tn.gov    | <b>Fax</b>          | 6152538782 |
| <b>Department</b>               |                   | <b>Address</b>  | 665 Mainstream Drive | <b>Contact type</b> | PMP        |
| Controlled Substance Monitoring |                   | <b>Address2</b> |                      |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Nashville            |                     |            |
|                                 |                   | <b>State</b>    | TN                   | <b>Zip</b>          | 37075      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Tennessee

|                   |                   |                 |                         |                     |            |
|-------------------|-------------------|-----------------|-------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director      | <b>Phone</b>        | 6157412403 |
| Dillard           | Reggie            | <b>Email</b>    | reginald.dillard@tn.gov | <b>Fax</b>          | 6152538782 |
| <b>Department</b> |                   | <b>Address</b>  | 665 Mainstream Drive    | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> |                         |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Nashville               |                     |            |
|                   |                   | <b>State</b>    | TN                      | <b>Zip</b>          | 37075      |

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## Tennessee

|                      |                   |                 |                        |                     |            |
|----------------------|-------------------|-----------------|------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | Senior Project Manager | <b>Phone</b>        | 6153510810 |
| Sanford              | Debora            | <b>Email</b>    | debora.sanford@tn.gov  | <b>Fax</b>          | 6152538782 |
| <b>Department</b>    |                   | <b>Address</b>  | 665 Mainstream Drive   | <b>Contact type</b> | CS         |
| Department of Health |                   | <b>Address2</b> |                        |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Nashville              |                     |            |
|                      |                   | <b>State</b>    | TN                     | <b>Zip</b>          | 37075      |

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## Texas

|                   |                   |                 |                                   |                     |            |
|-------------------|-------------------|-----------------|-----------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Director of Professional Services | <b>Phone</b>        | 5123058037 |
| Benz              | Allison           | <b>Email</b>    | allison.benz@pharmacy.texas.gov   | <b>Fax</b>          | 5123058082 |
| <b>Department</b> |                   | <b>Address</b>  | 333 Guadalupe                     | <b>Contact type</b> | PMP        |
| Board of Pharmacy |                   | <b>Address2</b> | Suite 3-500                       |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Austin                            |                     |            |
|                   |                   | <b>State</b>    | TX                                | <b>Zip</b>          | 78701      |

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## Texas

|                                  |                   |                 |  |                     |            |
|----------------------------------|-------------------|-----------------|--|---------------------|------------|
| <b>Last name</b>                 | <b>First name</b> | <b>Title</b>    | Environmental Protection Specialist IV | <b>Phone</b>        | 5122897972 |
| Richter                          | Elizabeth         | <b>Email</b>    | Elizabeth.richter@dshs.texas.gov       | <b>Fax</b>          |            |
| <b>Department</b>                |                   | <b>Address</b>  | 8407 Wall Street                       | <b>Contact type</b> | CS         |
| Texas Department of State Health |                   | <b>Address2</b> |  |                     |            |
| <b>Agency</b>                    |                   | <b>City</b>     | Austin                                 |                     |            |
|                                  |                   | <b>State</b>    | TX                                     | <b>Zip</b>          | 78754      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Texas

|                               |                   |                            |                     |
|-------------------------------|-------------------|----------------------------|---------------------|
| <b>Last name</b>              | <b>First name</b> | <b>Title</b>               | <b>Phone</b>        |
| Slack                         | B.J.              | Manager, PMP Program       | 5123058050          |
|                               |                   | <b>Email</b>               | <b>Fax</b>          |
|                               |                   | texasmp@pharmacy.texas.gov | 5123058075          |
| <b>Department</b>             |                   | <b>Address</b>             | <b>Contact type</b> |
| Texas State Board of Pharmacy |                   | 333 Guadalupe Street       | PMP                 |
| <b>Agency</b>                 |                   | <b>Address2</b>            |                     |
|                               |                   | Suite 3-500                |                     |
|                               |                   | <b>City</b>                |                     |
|                               |                   | Austin                     |                     |
|                               |                   | <b>State</b>               | <b>Zip</b>          |
|                               |                   | TX                         | 78701               |

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## Texas

|                               |                   |                              |                     |
|-------------------------------|-------------------|------------------------------|---------------------|
| <b>Last name</b>              | <b>First name</b> | <b>Title</b>                 | <b>Phone</b>        |
| Tannert                       | Karen             |                              | 5128346755          |
|                               |                   | <b>Email</b>                 | <b>Fax</b>          |
|                               |                   | karen.tannert@dshs.texas.gov | 5128346759          |
| <b>Department</b>             |                   | <b>Address</b>               | <b>Contact type</b> |
| Drugs & Medical Devices Group |                   | P.O. Box 149347              | CS                  |
| <b>Agency</b>                 |                   | <b>Address2</b>              |                     |
| State Health Services         |                   |                              |                     |
|                               |                   | <b>City</b>                  |                     |
|                               |                   | Austin                       |                     |
|                               |                   | <b>State</b>                 | <b>Zip</b>          |
|                               |                   | TX                           | 78714-9347          |

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## Vermont

|                   |                   |                                |                     |
|-------------------|-------------------|--------------------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>                   | <b>Phone</b>        |
| Benjamin          | Colin             | Director                       | 8028282373          |
|                   |                   | <b>Email</b>                   | <b>Fax</b>          |
|                   |                   | colin.benjamin@sec.state.vt.us |                     |
| <b>Department</b> |                   | <b>Address</b>                 | <b>Contact type</b> |
| Board of Pharmacy |                   | 89 Main Street                 | CS                  |
| <b>Agency</b>     |                   | <b>Address2</b>                |                     |
|                   |                   | 3rd Floor                      |                     |
|                   |                   | <b>City</b>                    |                     |
|                   |                   | Montpelier                     |                     |
|                   |                   | <b>State</b>                   | <b>Zip</b>          |
|                   |                   | VT                             | _05620-3402         |

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## Vermont

|                                 |                   |                           |                     |
|---------------------------------|-------------------|---------------------------|---------------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>              | <b>Phone</b>        |
| Hauser                          | Hannah            | Program Manager           | 8026524147          |
|                                 |                   | <b>Email</b>              | <b>Fax</b>          |
|                                 |                   | Hannah.hauser@vermont.gov | 8026522019          |
| <b>Department</b>               |                   | <b>Address</b>            | <b>Contact type</b> |
| Prescription Monitoring Program |                   | 108 Cherry Street         | CSandPMP            |
| <b>Agency</b>                   |                   | <b>Address2</b>           |                     |
| Board of Pharmacy               |                   | P.O. Box 70               |                     |
|                                 |                   | <b>City</b>               |                     |
|                                 |                   | Burlington                |                     |
|                                 |                   | <b>State</b>              | <b>Zip</b>          |
|                                 |                   | VT                        | _05042-0070         |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Vermont

|                                 |                   |                 |                          |                     |            |
|---------------------------------|-------------------|-----------------|--------------------------|---------------------|------------|
| <b>Last name</b>                | <b>First name</b> | <b>Title</b>    | Public Health Analyst    | <b>Phone</b>        | 8028636354 |
| Kretzer                         | Lela              | <b>Email</b>    | Lela.Kretzer@vermont.gov | <b>Fax</b>          |            |
| <b>Department</b>               |                   | <b>Address</b>  | 108 Cherry Street        | <b>Contact type</b> | CS         |
| Department of Health            |                   | <b>Address2</b> |                          |                     |            |
| <b>Agency</b>                   |                   | <b>City</b>     | Burlington               |                     |            |
| Division of Health Surveillance |                   | <b>State</b>    | VT                       | <b>Zip</b>          | "_05401    |

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## Vermont

|                   |                   |                 |                                  |                     |             |
|-------------------|-------------------|-----------------|----------------------------------|---------------------|-------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Licensing Board Specialist       | <b>Phone</b>        | 8028282373  |
| Morrison          | Aprille           | <b>Email</b>    | aprille.morrison@sec.state.vt.us | <b>Fax</b>          | 8028282465  |
| <b>Department</b> |                   | <b>Address</b>  | 89 Main Street                   | <b>Contact type</b> | CS          |
| Board of Pharmacy |                   | <b>Address2</b> | 3rd Floor                        |                     |             |
| <b>Agency</b>     |                   | <b>City</b>     | Montpelier                       |                     |             |
|                   |                   | <b>State</b>    | VT                               | <b>Zip</b>          | _05620-3402 |

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## Virginia

|                   |                   |                 |                                 |                     |            |
|-------------------|-------------------|-----------------|---------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Executive Director              | <b>Phone</b>        | 8043674456 |
| Juran             | Caroline          | <b>Email</b>    | caroline.juran@dhp.virginia.gov | <b>Fax</b>          | 8045274472 |
| <b>Department</b> |                   | <b>Address</b>  | Perimeter Center                | <b>Contact type</b> | CS         |
| Board of Pharmacy |                   | <b>Address2</b> | 9960 Mayland Drive, Suite 300   |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Henrico                         |                     |            |
|                   |                   | <b>State</b>    | VA                              | <b>Zip</b>          | 23233-1463 |

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## Virginia

|                             |                   |                 |                                 |                     |            |
|-----------------------------|-------------------|-----------------|---------------------------------|---------------------|------------|
| <b>Last name</b>            | <b>First name</b> | <b>Title</b>    | Deputy Executive Director       | <b>Phone</b>        | 8042402478 |
| O'Halloran                  | Beth              | <b>Email</b>    | beth.ohalloran@dhp.virginia.gov | <b>Fax</b>          |            |
| <b>Department</b>           |                   | <b>Address</b>  | 9960 Mayland Drive              | <b>Contact type</b> | CS         |
| Board of Pharmacy           |                   | <b>Address2</b> | Suite 300                       |                     |            |
| <b>Agency</b>               |                   | <b>City</b>     | Henrico                         |                     |            |
| Dept. of Health Professions |                   | <b>State</b>    | VA                              | <b>Zip</b>          | 23233      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Virginia

|                   |                   |                 |                               |                     |            |
|-------------------|-------------------|-----------------|-------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Director, PMP                 | <b>Phone</b>        | 8043674523 |
| Orr               | Ralph             | <b>Email</b>    | ralph.orr@dhp.virginia.gov    | <b>Fax</b>          | 8045274470 |
| <b>Department</b> |                   | <b>Address</b>  | Perimeter Center              | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> | 9960 Mayland Drive, Suite 300 |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Henrico                       |                     |            |
|                   |                   | <b>State</b>    | VA                            | <b>Zip</b>          | 23233-1463 |

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## Washington

|                      |                   |                 |                              |                     |            |
|----------------------|-------------------|-----------------|------------------------------|---------------------|------------|
| <b>Last name</b>     | <b>First name</b> | <b>Title</b>    | PMP Program Director         | <b>Phone</b>        | 3602364806 |
| Baumgartner          | Chris             | <b>Email</b>    | chris.baumgartner@doh.wa.gov | <b>Fax</b>          | 3602362901 |
| <b>Department</b>    |                   | <b>Address</b>  | P.O. Box 47852               | <b>Contact type</b> | PMP        |
| Department of Health |                   | <b>Address2</b> |                              |                     |            |
| <b>Agency</b>        |                   | <b>City</b>     | Olympia                      |                     |            |
|                      |                   | <b>State</b>    | WA                           | <b>Zip</b>          | 98504      |

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## Washington

|                            |                   |                 |                        |                     |            |
|----------------------------|-------------------|-----------------|------------------------|---------------------|------------|
| <b>Last name</b>           | <b>First name</b> | <b>Title</b>    | Executive Director     | <b>Phone</b>        | 3602364853 |
| Saxe                       | Steven            | <b>Email</b>    | steven.saxe@doh.wa.gov | <b>Fax</b>          | 3605864359 |
| <b>Department</b>          |                   | <b>Address</b>  |                        | <b>Contact type</b> | CS         |
| Pharmacy Quality Assurance |                   | <b>Address2</b> |                        |                     |            |
| <b>Agency</b>              |                   | <b>City</b>     | Olympia                |                     |            |
| PO Box 47852               |                   | <b>State</b>    | WA                     | <b>Zip</b>          | 98504      |

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## West Virginia

|                   |                   |                 |                                  |                     |            |
|-------------------|-------------------|-----------------|----------------------------------|---------------------|------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>    | Acting Executive Director & CSMP | <b>Phone</b>        | 3045580558 |
| Goff              | Michael           | <b>Email</b>    | michael.l.goff@wv.gov            | <b>Fax</b>          | 3045580474 |
| <b>Department</b> |                   | <b>Address</b>  | 2310 Kanawha Blvd East           | <b>Contact type</b> | CSandPMP   |
| Board of Pharmacy |                   | <b>Address2</b> |                                  |                     |            |
| <b>Agency</b>     |                   | <b>City</b>     | Charleston                       |                     |            |
|                   |                   | <b>State</b>    | WV                               | <b>Zip</b>          | 25311      |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Wisconsin

|  |                   |                                |                     |
|--|-------------------|--------------------------------|---------------------|
| <b>Last name</b>                             | <b>First name</b> | <b>Title</b>                   | <b>Phone</b>        |
| Magermans                                    | Andrea            | PDMP Analyst                   | 6082616546          |
| <b>Department</b>                            | <b>Address</b>    | <b>Email</b>                   | <b>Fax</b>          |
| Controlled Substances Board & PDMP           | P.O. Box 8366     | andrea.magermans@wisconsin.gov |                     |
| <b>Agency</b>                                | <b>Address2</b>   | <b>City</b>                    | <b>Contact type</b> |
| Department of Safety & Professional Services |                   | Madison                        | CSandPMP            |
|  | <b>State</b>      | <b>Zip</b>                     |                     |
|  | WI                | 53708-8366                     |                     |

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## Wisconsin

|  |                   |                             |                     |
|--|-------------------|-----------------------------|---------------------|
| <b>Last name</b>                             | <b>First name</b> | <b>Title</b>                | <b>Phone</b>        |
| Zadrazil                                     | Chad              | Managing Director           | 6082660011          |
| <b>Department</b>                            | <b>Address</b>    | <b>Email</b>                | <b>Fax</b>          |
| Controlled Substances Board & PDMP           | P.O. Box 8366     | chad.zadrazil@wisconsin.gov |                     |
| <b>Agency</b>                                | <b>Address2</b>   | <b>City</b>                 | <b>Contact type</b> |
| Department of Safety & Professional Services |                   | Madison                     | CSandPMP            |
|  | <b>State</b>      | <b>Zip</b>                  |                     |
|  | WI                | 53708-8366                  |                     |

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## Wyoming

|                           |                   |                          |                     |
|---------------------------|-------------------|--------------------------|---------------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>             | <b>Phone</b>        |
| Hunt                      | Lisa              | Chief Compliance Officer | 3072875815          |
| <b>Department</b>         | <b>Address</b>    | <b>Email</b>             | <b>Fax</b>          |
| Wyoming Board of Pharmacy | 1712 Carey Avenue | lisa.hunt@wyo.gov        |                     |
| <b>Agency</b>             | <b>Address2</b>   | <b>City</b>              | <b>Contact type</b> |
|                           | Suite 200         | Cheyenne                 | CS                  |
|                           | <b>State</b>      | <b>Zip</b>               |                     |
|                           | WY                | 82002                    |                     |

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## Wyoming

|                   |                   |                     |                     |
|-------------------|-------------------|---------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>        | <b>Phone</b>        |
| Walker            | Mary              | Executive Director  | 3076349636          |
| <b>Department</b> | <b>Address</b>    | <b>Email</b>        | <b>Fax</b>          |
| Board of Pharmacy | 1712 carey Avenue | mary.walker@wyo.gov | 3076346335          |
| <b>Agency</b>     | <b>Address2</b>   | <b>City</b>         | <b>Contact type</b> |
|                   | Suite 200         | Cheyenne            | CSandPMP            |
|                   | <b>State</b>      | <b>Zip</b>          |                     |
|                   | WY                | 82002               |                     |

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# NASCSA PMP and Controlled Substance Contacts

July 22, 2017

## Wyoming

|                   |                   |                     |                     |
|-------------------|-------------------|---------------------|---------------------|
| <b>Last name</b>  | <b>First name</b> | <b>Title</b>        | <b>Phone</b>        |
| Wills             | David             | PMP Manager         | 3076349636          |
|                   |                   | <b>Email</b>        | <b>Fax</b>          |
|                   |                   | david.wills@wyo.gov | 3076349184          |
| <b>Department</b> |                   | <b>Address</b>      | <b>Contact type</b> |
| Board of Pharmacy |                   | 1712 Carey Avenue   | PMP                 |
| <b>Agency</b>     |                   | <b>Address2</b>     |                     |
|                   |                   | Suite 200           |                     |
|                   |                   | <b>City</b>         |                     |
|                   |                   | Cheyenne            |                     |
|                   |                   | <b>State</b>        | <b>Zip</b>          |
|                   |                   | WY                  | 82002               |

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## X

|                           |                   |                     |                     |
|---------------------------|-------------------|---------------------|---------------------|
| <b>Last name</b>          | <b>First name</b> | <b>Title</b>        | <b>Phone</b>        |
| Alverson                  | Susan             | Executive Secretary | 2059812280          |
|                           |                   | <b>Email</b>        | <b>Fax</b>          |
|                           |                   | salverson@albop.com |                     |
| <b>Department</b>         |                   | <b>Address</b>      | <b>Contact type</b> |
| Alabama Board of Pharmacy |                   | 111 Village Street  | CS                  |
| <b>Agency</b>             |                   | <b>Address2</b>     |                     |
|                           |                   |                     |                     |
|                           |                   | <b>City</b>         |                     |
|                           |                   | Birmingham          |                     |
|                           |                   | <b>State</b>        | <b>Zip</b>          |
|                           |                   | AL                  | 35242               |

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## X

|                                       |                   |                    |                     |
|---------------------------------------|-------------------|--------------------|---------------------|
| <b>Last name</b>                      | <b>First name</b> | <b>Title</b>       | <b>Phone</b>        |
| Furlong                               | David             | Chief Investigator | 8015306630          |
|                                       |                   | <b>Email</b>       | <b>Fax</b>          |
|                                       |                   | dfurlong@utah.gov  | 8015306301          |
| <b>Department</b>                     |                   | <b>Address</b>     | <b>Contact type</b> |
| Occupational & Professional Licensing |                   | 160 E. 300 S       | CSandPMP            |
| <b>Agency</b>                         |                   | <b>Address2</b>    |                     |
| Bureau of Investigations              |                   | P.O. Box 146741    |                     |
|                                       |                   | <b>City</b>        |                     |
|                                       |                   | Salt Lake City     |                     |
|                                       |                   | <b>State</b>       | <b>Zip</b>          |
|                                       |                   | UT                 | 84114               |

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