KASPER
ACCOUNT REQUEST INSTRUCTIONS

Introduction

To request your account for KASPER access, you must complete a 4-step process. Most questions about the sign-up process will be addressed in these instructions. If after reading the instructions you still have questions, please contact the KASPER Help Desk by emailing eKASPERHelp@ky.gov or calling (502) 564-2703.

Each step of the process is addressed individually in the instructions.

Helpful Tips

- Accounts are to be requested by qualifying individuals, not by places of business. The following are considered qualifying individuals: practitioners, mid-level practitioners, pharmacists, law enforcement officers, judges and designated regulatory agency employees. All information provided must be regarding the individual applicant. Once a practitioner or pharmacist has been approved for a KASPER account, he/she have the option to add delegates to their account. A delegate may request KASPER reports on behalf of the master account holder.

- Do not use the browser 'Back' button. Using the 'Back' button in the browser will result in the following error: "Warning: Page Expired". Navigate only by using the 'Previous' and 'Next' buttons at the bottom of your screen, when needed.

- If you are unable to continue to a subsequent step, look for a "red error message" on your screen. These messages will state specifically what information is required before you will be able to proceed.

- An asterisk (*) next to a title indicates a required field.

- Do not leave your computer 'idle' on any screen for longer than 15 minutes. The system will time you out.

Click on a step below to quickly jump to that section of this document:

Step 1 – Account Request Initiation:

By clicking on the 'Print Instructions' hyperlink (🖶 *Print Instructions*), a separate (Adobe) window should open with the Account Request instructions inside. These may be printed out (if desired) from within the Adobe window by clicking on the printer icon in the toolbar at the top of the Adobe window or by selecting FILE + PRINT from the menu options.

By clicking on the 'KASPER Account Process' hyperlink (KASPER Account Process), a separate YouTube window should open with the video instructions.

Before proceeding with requesting your account, you must ensure you have met the minimum requirements. All boxes must be checked in order to utilize the 'Next' button.

Minimum Requirements:

Click the box next to each option as you verify that you have the minimum requirements necessary to complete the account request process.

☐ Firefox, Chrome, Edge (You have Chrome89)
☐ Adobe Reader, version 8.0 or higher (Download free Adobe Acrobat Reader)
☐ Printer (Optional for users uploading documents)
☐ Email Address (for correspondence and notices)
☐ All pop up blockers disabled

***NOTE:** You have a pop-up blocker turned ON if you see this message:

⚠️ **Pop up windows are blocked on your internet browser.**

We have detected pop up blockers on this computer. You must *disable* ALL pop up blockers and *refresh* this page before you can proceed to the next step. Click here for more information or contact the KASPER Help Desk at ekasperhelp@ky.gov or call (502) 564-2703.

Keep in mind that pop-up blockers may be turned ON in your browser settings. You will need to turn them off so that the required Application Form "pops up" in a separate display window using Adobe Acrobat Reader. You will need to disable any pop-up blockers now in your browser settings under privacy tab, as the KASPER reports you will be requesting to view, once your account is approved, will also 'pop-up' in an Adobe window. We recommend adding our address (or URL) to Trusted Sites from browser settings within your web browser. That address is: https://ekasper.chfs.ky.gov

You may either submit your application registration documents electronically by scanning and uploading them **or** you can choose to submit the signed application and paper documents through the postal mail. Notes in the instructions will provide guidance on both processes.
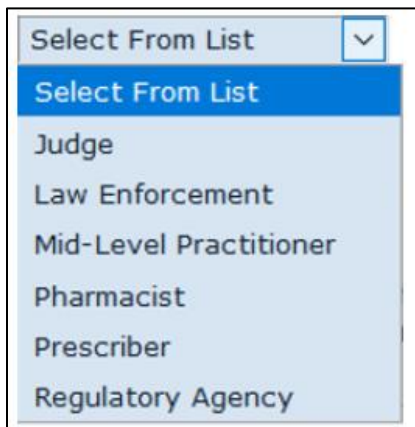
To be approved for an account, you may choose to either submit your application and required documents electronically (online) or in hardcopy via US Mail. If you choose electronic (online), you will be prompted to upload your required documents and sign electronically. If you choose hardcopy, please don't forget to sign your application and include copies of the required documents.

For your convenience, you can choose either an electronic or paper submission:

   a) Electronic submission: Upload all the required documentation and then click the submit button.

   b) Paper submission: Make copies of all the required documentation and mail it to the address provided on the application..

Your application and required documentation will be processed when it is received. Upon account approval you will receive an email with instructions to access your KASPER account. If you have not received email confirmation of your account within fourteen (14) days of submitting your required documents, contact the Business Office at (502) 564-7985, eKASPER.Admin@ky.gov.

Select your account type by clicking on the downward arrow next to "Select From List".

Select From List ⌄
Select From List
Judge
Law Enforcement
Mid-Level Practitioner
Pharmacist
Prescriber
Regulatory Agency

NOTE: If you are a Nurse Practitioner or Physician Assistant, please select Mid-Level Practitioner as the account type, not Prescriber.

NOTE: If you are attempting to register as a delegate, do not proceed! The KASPER master account holder(s) must use the Kentucky Online Gateway to invite you to be a delegate under their account. Please contact the appropriate master account holder(s) and request they access KOG and use the delegate invitation process to allow you as a delegate under their KASPER account.

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Step 2 – Personal and Professional Information needed to complete application

Review KOG personal identification information:

Your personal information from your Kentucky Online Gateway (KOG) account is displayed here. You cannot edit it here; it is for your review only. If you need to make changes to this information, do so by clicking on the *Click Here to Update Kentucky Online Gateway Account Information* link which will navigate you to KOG.

Review KOG personal identification information:

The information below is stored in your KOG account. To correct any of this information , do so in the KOG application using the link below.

Note: Please verify your address is same as the address printed on your driver's license.

First Name	pres14
Last Name	test14
E-Mail Address	pres14.test14@keups.net
Street Address 1	1800
City	CityName
State	KY
Zip Code	12345
Phone Number	1234567654

Click Here to Update Kentucky Online Gateway Account Information

Personal Identification Information

Some personal information is required by KASPER, but not by KOG. You must enter the following information:

- **Contact Email**: The KASPER email address is the one to which you want email notifications to be sent when reports are ready to be viewed (when opted in for notifications). KASPER email address will be the correspondence email for any KASPER related updates, communications and Account request approval confirmations. The KASPER email address can be the same as your KOG email address but does not have to be unique to you and can be a group email address.

- **Contact Phone Number:** The KASPER phone number may also be different from your KOG phone number and can also be a business or office phone number. It should be the phone number of the place you will most often be when using KASPER.

- **SSN:** Only the last four digits of your Social Security Number are required.

- **DOB:** Date of Birth must be entered in the following format: MM/DD/YYYY.

- **Identification Type:** Identification Type means Driver's License. If you do not have a driver's license, the other types of identification option are Passport and Government issued photo ID. Please select "Other Type" if a driver's license isn't available and you will be using another form of Identification. (you will be required to upload or mail in a photocopy of whichever ID type you choose).

Enter personal identification information:

* Required field.

The information below is stored in your KASPER account. All values are required.

Email for KASPER to contact you *

Phone Number for KASPER to contact you *

Social Security Number*   xxx   xx   (used for identification purposes)

Date of Birth*   Month   Day   Year

Identification Type*   Driver's License ⌄

Identification Number*

State Issued*   KY ⌄

Note: If you live in Kentucky but still have a Driver's License from another state, please select the state that issued your current Driver's License and enter that Driver's License number.

Professional credential information

> **All User Groups**: Select your Area of Work, and your Specialty. For some account types, there will only be one choice for these selections.

> **Prescribers**: Select your degree from the 'Degree' list selection. For all other user groups, this field will display your account type.

> **Prescribers and Mid-Level Practitioners**: Your professional license/registration number and DEA number are required. NPI is an optional field; however, please provide this number as it may become required in the future. Please see the following addendum for adding your professional credentials.

> **Pharmacists**: Your professional license is required. The NPI number is your NPI number (not the pharmacy's NPI number).

> **Law Enforcement**: Must select either Badge or Employee ID for Law Enforcement ID Type. You will also be asked to provide the ID type number.

> **Judges**: Must select from Judge Authority Type (whether you are an elected official or if this is an appointment position). You must also provide the Date Term Expires.

> **Regulatory Agency**: You must provide your Employee ID issued by your employer, whether that is the Cabinet for Health and Family Services, Medicaid or a Licensing Board.

Required Documentation

The required documentation for each account type is shown below:

Prescriber and Mid-Level Practitioner Accounts	Pharmacist Accounts	Law Enforcement Accounts	Judge Accounts	Regulatory Agency Accounts
DEA Certificate	Professional License	Badge or Employee ID	Certification of Election or Letter of Appointment	Employee ID
Professional License	Driver's License	Driver's License	Driver's License	Driver's License
Driver's License				

Addendum for Prescribers, Mid-Level Practitioners, and Pharmacists:
If you have professional licenses issued by multiple states, you may add up to a total of three licenses. If you have an active license issued by the state of Kentucky, be sure to include it when requesting an account, even if you are not currently practicing in Kentucky, as it may be used in compliance reports to your licensing board.

==If you are planning to mail in your required documents, then do not upload you documents during this process.==

Note: There is a file size upload limit of 2 MB for each file upload. We suggest each document type be uploaded individually.

Enter professional credential information:

* Required field.

If you plan to mail in your documents, do not upload.

Note: There is a file size upload limit of 2 MB for each file upload. We suggest each document type be uploaded individually. This size limit also extends to email capacity if printing, signing and sending your application via email.

Title/Degree *   MD

Area of Work *   Physician

Specialty *   Pain Management/Pain Medicir

Professional License Number *   KY   Kentucky Board of Medical Licensure   [Add License]

License Number	State	Upload File	File Name	Action
15432	KY	Choose File No file chosen		Remove

DEA Number *   [   ] [Add DEA]

DEA	Upload File	File Name	Action
DS2017919	Choose File No file chosen		Remove

NPI Number   1111111111

Note: Click the ADD button after entering your document number to add a credential.

[Save]   [Previous]   [Next]

Clicking the 'Save' button shall validate all the fields and save your selections. Clicking the 'Previous' button shall navigate you to the previous step. Once you have entered all the required information clicking 'Next' shall navigate you to the next step.

To add a Kentucky professional license number: Leave the default state of 'KY' in the drop-down field. In the 'Select One' box, click the drop-down arrow to select your (Kentucky) licensing board.
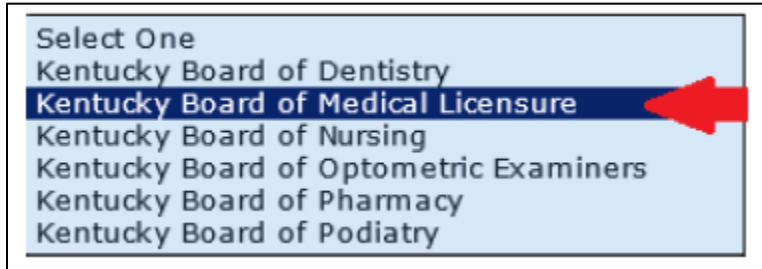
The following formats are required depending on the licensing board you have selected:

Kentucky Board of Dentistry: enter a leading zero and your four-digit license number issued by KBD (ex. 01234)

Kentucky Board of Medical Licensure: enter your five-digit license number issued by KBML (ex. 12345).

Physicians may enter the new license in the format Cnnnn the letter C followed by four numeric digits (e.g. C1234).

Physician Assistants may enter the new license is in the format TCnnnn the letters TC followed by *three or four* numeric digits (e.g. PA999 or PA9999 TC123 or TC1234).

Kentucky Board of Nursing: enter your seven-digit APRN license number issued by KBN (ex.3001234).

Kentucky Board of Optometric Examiners: enter your four-digit, two alpha license number issued by KBOE (ex.1234DT).

Kentucky Board of Pharmacy: enter your six-digit license number issued by KBML (ex.012345).

Kentucky Board of Podiatry: enter your five-digit license number issued by KBOP (ex.00123).

Key in your professional license in the format as it was issued by your board; click the 'Add License' button after entering your license number.

A grid will appear containing the professional license information entered.

License Number	State	Upload File	File Name	Action
15432	KY	Choose File No file chosen		Remove

If you plan to submit your application electronically then upload your board license number by clicking on 'Choose File' button and selecting the appropriate professional license document in one of the three file formats (pdf, jpeg and png).

After successfully uploading a document the grid shall display the file name of the uploaded document along with a message that the file is uploaded.

Clicking on the file name shall download a copy of the uploaded file.

License Number	State	Upload File	File Name	Action
15432	KY	File uploaded	Account Initiation.PNG	Remove

To make corrections, you will need to remove the license number (by clicking the hyper-link in the Action column), then re-add with the correct information.

Note: If you are licensed with more than one board in Kentucky, please note that you may add the licenses issued per the individual boards. However, at this time your account may only hold one degree.

To add another state professional license number: Change the default state of 'KY' in the drop-down field to the appropriate state which issued your professional license; the Select One box will become inactivated.

Key in your professional license in the format as it was issued by your board; click the 'Add License' button after entering your license number.

Professional License Number *	TN ⌄	Select One ⌄	45780	Add License

A grid will appear containing the professional license information entered.

License Number	State	Upload File	File Name	Action
45780	TN	Choose File No file chosen		Remove

If you plan to plan to submit your application electronically then upload your license number by clicking on 'Choose File' button and selecting the appropriate professional license document in one of the three file formats (pdf, jpeg and png).

After successfully uploading a document the grid shall display the file name of the uploaded document along with a message that the file is uploaded.

Clicking on the file name shall download a copy of the uploaded file.

License Number	State	Upload File	File Name	Action
45780	TN	File uploaded	Acc Verification.PNG	Remove

Note: You may add up to 3 licenses as were issued to you by various states.

To add a DEA number: Key in your DEA number in the format as it was issued by the DEA (the state issued will not be required); click the "Add DEA" button after entering your DEA number.

A grid will appear containing the DEA number.

If you plan to submit your application electronically then upload your DEA registration by clicking on 'Choose File' button and selecting the appropriate professional license document in one of the three file formats (pdf, jpeg and png).

After successfully uploading a document the grid shall display the file name of the uploaded document along with a message that the file is uploaded.

Clicking on the file name shall download a copy of the uploaded file.

To make corrections, you will need to remove the DEA number (by clicking the hyper-link in the Action column), then re-add with the correct information.

Note: You may add up to 5 DEA numbers as were issued to you by the DEA.

To add an NPI number: Key in your NPI number in the format as it was issued by the National Plan and Provider Enumeration System (NPPES).

Step 3 – Review Information:

On the Review screen, you will see all of the information you entered on the previous screens.

> **Note:** Please carefully review this information for accuracy!

Please review the information below for accuracy:

Account Request for KASPER TION:

Field	Value	Field	Value	Field	Value
Name	pres14 test14	SSN	xxxxx7654	DOB	12/12/1987
Address	1800	City	CityName	State	KY
Zip Code	12345	Kog Email	pres14.test14@keups.net	Kog Phone	1234567654
KASPER Email	pres14.test14@keups.net	KASPER Phone	1236547654	ID/Driver's License	aa11111111

PROFESSIONAL CREDENTIAL (Applicable by account type - See instructions for specific requirements)

Credential	Number	File Name
DEA	DS2017919	
Prof License	15432	
NPI	1111111111	

WORK INFORMATION:

Field	Value	Field	Value
Area of Work	Physician	Title/Degree	MD
Speciality	Pain Management/Pain Medi		

Is the information above correct?

Yes	No

Is the information above correct?

***Click 'Yes' If no corrections are necessary upon reviewing:** Click the 'Yes' button and you will proceed to the next step

***Click 'No' If changes are needed:** Click the 'No' button and you will return to step 2. Make any necessary changes and click the 'Save' button at the bottom of the screen.

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Step 4 – Submit your Application

Electronic Submission: Click on the 'Yes' radio button if you plan to upload your required documents that you have not already uploaded in Step 2.

Paper Submission: Click on the 'No' radio button if you plan to mail in copies of your signed application form and all required documents. Please note that choosing to mail in your paper documents will result in a delay with processing and approval of your application.

Selecting 'Yes' option button shall display the required documents grid along with the Electronic Signature Agreement and KASPER Terms of Account Use.

Steps for Electronic Application Submission
At this stage you will have to complete the following steps in order to electronically submit your application.

1. Upload all the required documents that you have not already uploaded in Step 2.

2. Read the electronic signature agreement and KASPER terms of use.

3. Click on the check box stating, "By checking this box/clicking Accept, I am indicating my agreement to complete the submission of the attached KASPER application, including the Terms of Use, with my electronic signature and indicating my intention to sign electronically."

4. Enter your First and Last Name in the text box.

5. Date/Time shall be auto populated at the time you click on the checkbox.

6. 'Submit My Application' button should now be active for you to click.

Electronic Application Submission

Note: There is a file size upload limit of 2 MB for each file upload. We suggest each document type be uploaded individually. This size limit also extends to email capacity if printing, signing and sending your application via email.

Form		Upload File	File Name
Driver's License		File uploaded	Account Registration.pdf

License Number	State	Upload File	File Name
15432	KY	File uploaded	Account Maint Revised.pdf

DEA		Upload File	File Name
DS2017919		File uploaded	Step 1 revised.pdf

Electronic Signature Agreement

Please read this information carefully:

You will now be asked to electronically sign and submit the KASPER application that you prepared using this online tool. Your electronic signature makes this request for access to the KASPER valid. By signing and indicating your assent electronically, you are agreeing to the following:

1. Electronic signatures are the same as a handwritten signatures for the purposes of validity, enforceability, and admissibility.

2. I have given true answers to all the questions presented during this application process, to the best of my knowledge.

3. The required documents that I have provided with my application, including, but not limited to, my state-issued identification, professional licensing verification, and DEA registration, are true and accurate, to the best of my knowledge.

4. I am signing this application under penalty of perjury, which means that it has the same effect as an affidavit or sworn declaration. I know that I may be subject to penalties under federal and/or state law if I provide false and/or untrue information.

KASPER Terms of Account Use

By my signature below, I indicate my agreement to the following terms, statements, and/or conditions regarding use of my KASPER account:

1. I understand my access to KASPER is granted only with the authority and rights allowed under KRS 218A.202.

2. I understand I am responsible for the security of the reports and agree to use, share and store the reports only as set forth under KRS 218A.202.

3. I understand prescriber, mid-level practitioner and pharmacist master account holders are responsible for the actions of their delegates, and for deactivating delegates who should no longer have access under my account.

4. I will maintain accurate KASPER account information and will notify KASPER staff of any changes to the status of my professional credentials.

5. As a provider, I understand that I may not request reports on individuals who are not my patients such as personal acquaintances, potential employees, co-workers or celebrities.

6. I understand that the last four digits of my social security number or other personal information will be utilized only to verify my identity when contacting KASPER support.

☑ **By checking this box/clicking Accept, I am indicating my agreement to complete the submission of the attached KASPER application, including the *Terms of Use*, with my electronic signature and indicating my intention to sign electronically.**

*First Name and Last Name	First Last Name	Date/Time	4/26/2021 2:15:35 PM

*Please Sign.

Click the "Submit My Application" button to submit your information.

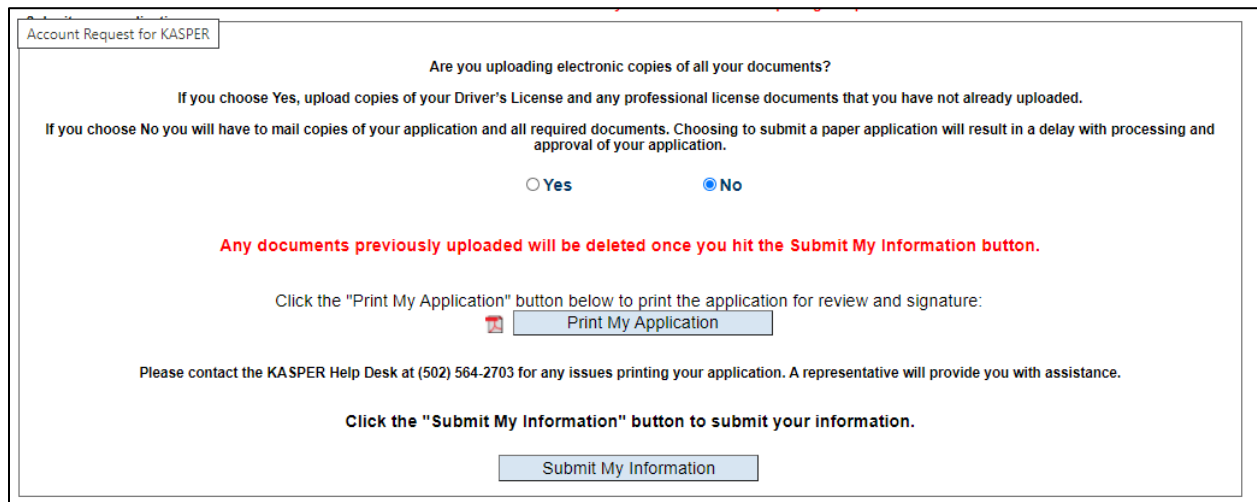Submit My Application

Paper Application Submission

Selecting the 'No' button shall display the 'Print My Application' and activate the 'Submit My Information' button for you to click. You will still submit the information you have completed via the 'Submit My Information' button, the information you've entered will be included on the application for you to print and sign.

Click the 'Print My Application' button before submitting your application. Upon clicking the button an Adobe window will open separately from your browser session. This window will contain the hard copy application that you are required to print out and sign.

Your application will state "APPLICATION FORM FOR ACCESS TO KASPER DATA" and have your confirmation number printed after the Account Req#: in the top right corner. Print out the application from inside the Adobe window (by clicking on the printer icon or by going to File and selecting Print).

If the Adobe window did not open with your application OR if your application did not print correctly, then contact the KASPER Help Desk at (502) 564-2703

If the Adobe window opened with your application form and it printed out correctly, then click on 'Submit My Information' to submit your information

Once you have submitted your information, your browser screen will display the following screen based on the type of your submission.

Electronic Application Submission: Confirmation Screen

Account Request for KASPER

Account Type: **Prescriber - Master Account**

Request Received - Your request number is 87970

A confirmation email has been sent to pres14.test14@keups.net

KASPER account requests expire after 30 days - If the account request expires, you will need to complete the account registration process again. Should you be contacted for additional documentation please submit to the KASPER Business Office within 30 days. If you do not receive a welcome email within 14 days of submitting the required documents, please contact the KASPER Business office at eKASPER.admin@ky.gov or by phone at (502) 564-7985.

- Go to the KASPER Information Page.

- Go to the CHFS Home Page.

Click the "Print My Application" button below to print the application for your records:

[Print My Application]

Please contact the KASPER Help Desk at (502) 564-2703for any issues printing your application. A representative will provide you with assistance.

[Logout]

Paper Submission: Confirmation Screen

Account Request for KASPER

Account Type: **Prescriber - Master Account**

Request Received - KASPER account requests expire after 30 days - If the account request expires, you will need to complete the account registration process again. Remember to print and sign your KASPER application then submit the application along with required documentation to the KASPER Business Office within 30 days. If you do not receive a welcome email within 14 days of submitting the required documents, please contact the KASPER Business office at eKASPER.admin@ky.gov or by phone at (502) 564-7985.

Your request number is 87968

A confirmation email has been sent to pres11.test@keups.net

- Go to the KASPER Information Page.

- Go to the CHFS Home Page.

[Logout]

You Should Receive the Following Email Confirmation to the email address you entered during the sign-up process:

Thank you for your application. You have successfully completed the Account Request process for KASPER. Your Account Request confirmation number is **87968.**

KASPER account requests expire after 30 days - If the account request expires, you will need to complete the account registration process again. If you have chosen to mail in your application or if you chose paperless and are contacted for additional documentation, please submit to the KASPER Business Office within 30 days. If you do not receive a welcome email within 14 days of submitting the required documents, please contact the KASPER Business office at ekasper.admin@ky.gov or by phone at (502) 564-7985.

If you are a prescriber, mid-level practitioner or pharmacist master account holder, once your account has been approved, you may utilize your Kentucky Online Gateway (KOG) account to designate delegates who may request reports on your behalf.

For more information on KASPER:

- KASPER Information Page (https://chfs.ky.gov/agencies/os/oig/dai/deppb/Pages/kasper.aspx)
- CHFS Home Page (https://chfs.ky.gov/Pages/index.aspx)

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