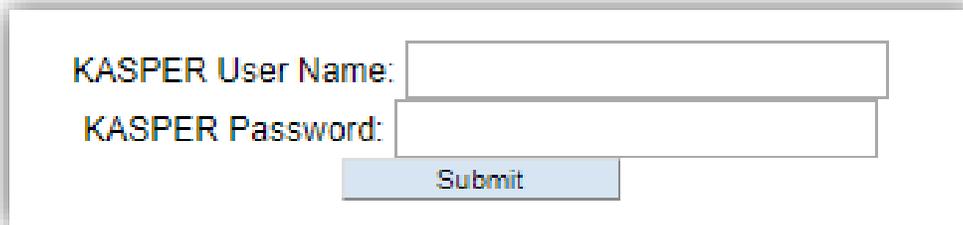


How to Get the KASPER Verification Certificate for the KBN APRN Update

1. Please visit the following link: [KASPER Validation Certificate](#)
2. Insert your KASPER User Name and KASPER Password into the boxes provided
 - a. Exhibit #1
3. Once logged in:
 - a. Click the **Account Maintenance** link in the left navigation
 - i. Exhibit #2
 - b. Under **Account Maintenance** under **Master Account Information** click **Select** under **View details**
 - i. Exhibit #3
 - c. Under **Personal Information** find the blue underlined link labeled **KASPER Account number and Verification Certificate** near the bottom right of the section
 - i. Exhibit #4
4. You now have your **KASPER Verification Certificate**

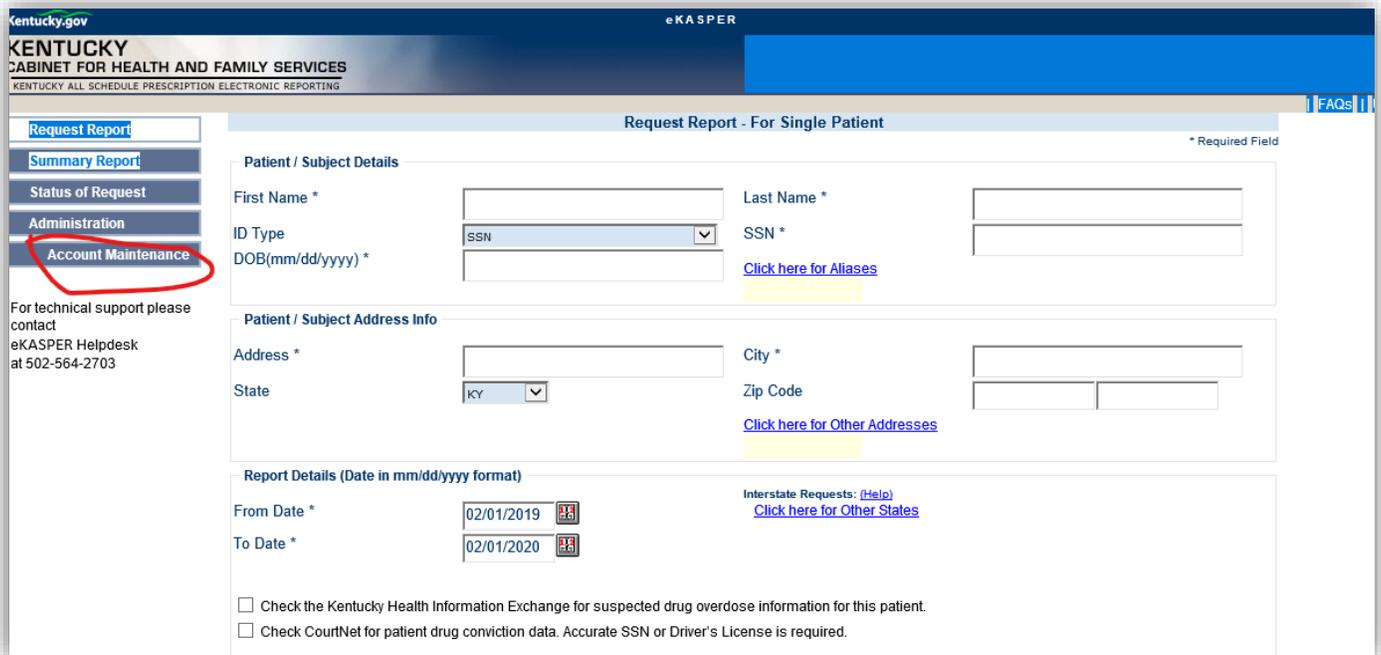
Exhibit #1



KASPER User Name:

KASPER Password:

Exhibit #2



Kentucky.gov eKASPER

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KENTUCKY ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING

Request Report - For Single Patient * Required Field

[Request Report](#)
[Summary Report](#)
[Status of Request](#)
[Administration](#)
[Account Maintenance](#)

For technical support please contact eKASPER Helpdesk at 502-564-2703

Patient / Subject Details

First Name * Last Name *

ID Type SSN *

DOB(mm/dd/yyyy) * [Click here for Aliases](#)

Patient / Subject Address Info

Address * City *

State Zip Code

[Click here for Other Addresses](#)

Report Details (Date in mm/dd/yyyy format)

From Date *

To Date *

Interstate Requests: [\(Help\)](#)
[Click here for Other States](#)

Check the Kentucky Health Information Exchange for suspected drug overdose information for this patient.

Check CourtNet for patient drug conviction data. Accurate SSN or Driver's License is required.

Exhibit #3

Account Maintenance

Master Account Information						
First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
Jessica	Estes	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Select

Delegate Account Information					
First Name	Last Name	Login Name	Status	View Details	Report Card Authorization
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Select	Not Authorized Authorize

NOTE: Please call the business office at (502) 564-7985 for a report on any other DEA or DATA waiver numbers

Report Details (Date in mm/dd/yyyy format)

Report for Prescriber DEA #: ME2669729

Exhibit #4

Account Maintenance

Personal Information

First Name* Jessica Last Name* Estes SSN* [REDACTED]
DOB* [REDACTED] Account Type APRN Degree APRN
ID Type* Driver's License ID* [REDACTED] State Issued KY
Area of work* APRN/NP
Specialty* Psychiatric Mental Health
KOG Email Address* [REDACTED]
KASPER Email Address* [REDACTED]
Address* [REDACTED]
City* [REDACTED] State KY Zip Code* [REDACTED]
KOG Phone* [REDACTED] Requests Per Day 100 Email Notification None
KASPER Phone* [REDACTED]
Acct Created 9/19/2012

[KASPER Account Number and Verification Certificate](#)

Document Type	Document Number
[REDACTED]	[REDACTED]