

Once logged into the CSMD click on "My Account"



TENNESSEE CSMD Welcome, One APN [MY ACCOUNT](#) [LOGOUT](#)

Request Notification Help. DATA COLLECTION

Home ?

Other Links

- » Messages (2)
- » Info Center
- » FAQ
- » Related Links

Latest News

Clinical Notifications

You have unread Clinical Notifications

Your Notification Summary:

- Morphine Equivalent - 14

Three, Patient - Morphine Equivalents - 8/3/2014

Four, Patient - Morphine Equivalents - 8/3/2014

Five, Patient - Morphine Equivalents - 8/3/2014

~~Six, Patient - Morphine Equivalents - 8/3/2014~~

[Click here to view all Clinical Notifications](#)

Messages

Supervisor Approved Th...-7/24/2014

Password Changed Succe...-7/22/2014

[Click here to view all Messages](#)

Requests

No New Announcements

[Click here to view all Requests](#)

Announcements

No New Announcements

[Click here to view all Announcements](#)

News

No New News

[Click here to view all News](#)

Reports

- Unknown Pharmacy Report
- Unknown Pharmacy Report
- Unknown Practitioner Report
- Unknown Practitioner Report
- Unknown NDCCode Report
- Unknown NDCCode Report
- Top x Oxycodone Report
- Top x Oxycodone Report

[Click here to view all reports](#)

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This screen appears

TENNESSEE CSMD Welcome, One APN [MY ACCOUNT](#) [LOGOUT](#)

Request Notification Help

Home > My Account

- Change Password
- Security Questions
- Other Links
- Messages (2)
- Info Center
- FAQ
- Related Links
- Latest News

My Account

Username: APNOne **Job:** Advanced Practice Nurse
DEA Number: MA1234567 **Professional License #:** 11111 **Issuing State:** TN

Profile Information

First Name: One **Middle Name:** **Last Name:** APN **Date Of Birth:** 01/01/1960

Personal Information

Home Phone: **Cell Phone:** **Social Security Number - Last Four Digits:** 1234
ID Issuing State: TN **Driver License/ID Number:** 123456780
Occupation: **Advanced Practice Nurse** **Email Address:** One.APN@demo.com **Region:**

APN Location Information - Location 1

Organization: Three Practitioner Health Services **Do you have DEA # for this location?** Yes **DEA Number[Without Suffix]:** MA1234567 **Specialty Care:** Nurse Practitioner
Address (Care Of): One APN **Street:** 2 Knoxville Street **City:** Knoxville **State:** TN **Zip:** 37919
Work Phone: 8651111111 **Extension:** **Fax Number:**

Supervisor Relationships

Supervisor Name	Supervisor Organization	Supervisor Location	Status/Action	Details
Practitioner, Three	Three Practitioner Health Services	, 2 Knoxville Street Knoxville, TN - 37919	Active	

Supervisor's Driver's License Number: **ID Issuing State:** TN **Add**
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

[Remove Location](#)

APN Location Information - Location 2

Organization: **Do you have DEA # for this location?** No **DEA Number[Without Suffix]:** **Specialty Care:** Nurse Practitioner
Address (Care Of): One APN **Street:** 2 Knoxville Street **City:** Knoxville **State:** TN **Zip:** 37919
Work Phone: **Extension:** **Fax Number:**

Supervisor Relationships

Supervisor's Driver's License Number: **ID Issuing State:** TN **Add**
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

[Add Location](#) [Remove Location](#)

Clinical Notification Preferences

Myself Health Care Extender Both

Do you dispense?
 No Yes

Save

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For each work location, you enter your supervisor by entering Supervisor's Driver License Number and then click "Add"

Example of information entered then click add.

Supervisor Name	Supervisor Organization	Supervisor Location	Status/Action	Delete
Practitioner, Three	Three Practitioner Health Services	, 2 Knoxville Street Knoxville, TN - 37919	Active	

Supervisor's Driver's License Number:
ID Issuing State:

Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

APN Location Information - Location 2

Organization: Do you have DEA # for this location? DEA Number[Without Suffix]: Specialty Care:

Address: (Care Of) Street: City: State: Zip:

Work Phone: Extension: Fax Number:

Supervisor Relationships

Supervisor's Driver's License Number:
ID Issuing State:

Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

Clinical Notification Preferences

Myself Health Care Extender Both

Do you dispense?

No Yes

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Popup box appears showing if the Supervising Physician has more than one location. APN/PA chooses location that physician supervises them or that the physician has designated to the APN/PA as the location where he performs the necessary review of charts for that APN/PA. Click the appropriate box(s) and then click “Add Selected Supervisor”.

Supervisor name Supervisor Organization Supervisor Location Status/Action Delete

Practitioner, Three	Three Practitioner Health Services	, 2 Knoxville Street Knoxville, TN - 37919	Active	🗑️
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Supervisor's Driver's License Number: ID Issuing State: TN

Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

APN Location Information - Location 2

Organization: Four Practitioner Health Serv Do you have DEA # for this location? No DEA Number[Without Suffix]: Specialty Care: Nurse Practitioner

Address: (Care Of) Street: 2 Nashville Street City: Nashville State: TN Zip: 37243

One APN

Supervisor work locations

Select	Supervisor Name	Supervisor Organization	Supervisor Location
<input type="checkbox"/>	Practitioner, Four	Four Practitioner Health Services	, 2 Nashville Street Nashville, TN - 37243
<input type="checkbox"/>	Practitioner, Four	Four Practitioner Pain Clinic	, Four Pain Avenue Knoxville, TN - 38119

Clinical Notification Preferences

Myself Health Care Extender Both

Do you dispense?

No Yes

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It takes you back to the "My Account" screen and then you hit "Save" at the bottom of the page.

You should get this message at the top of your information

The screenshot shows the Tennessee CSMD My Account page. At the top, there is a blue header with the text "TENNESSEE CSMD" on the left and "Welcome, One APN" on the right, along with "MY ACCOUNT" and "LOGOUT" buttons. Below the header, there are navigation links for "Request", "Notification", and "Help". The main content area is titled "My Account" and features a success message: "Congratulations, your account information has been saved successfully." Below this message, there are several sections of user information:

- Account Information:** Username: APNOne, Job: Advanced Practice Nurse, DEA Number: MA1234567, Professional License #: 11111, Issuing State: TN.
- Profile Information:** First Name: One, Middle Name: (empty), Last Name: APN, Date Of Birth: 01/01/1960.
- Personal Information:** Home Phone: (empty), Cell Phone: (empty), Social Security Number - Last Four Digits: 1234, ID Issuing State: TN, Driver License/ID Number: 123456780, Occupation: Advanced Practice Nurse, Email Address: One.APN@demo.com.
- APN Location Information - Location 1:** Organization: Three Practitioner Health Services, Do you have DEA # for this location?: Yes, DEA Number: MA1234567, Specialty Care: Nurse Practitioner, Address: One APN, Street: 2 Knoxville Street, City: Knoxville, State: TN, Zip: 37919, Work Phone: 8651111111, Extension: (empty), Fax Number: (empty).
- Supervisor Relationships:** A table with columns: Supervisor Name, Supervisor Organization, Supervisor Location, Status/Action, and Delete. The table contains one entry: Practitioner, Three, Three Practitioner Health Services, , 2 Knoxville Street, Active.

Once the supervisor added, the Supervisor portion of the screen will show the newly added supervisor with a Supervisor Review Pending

Supervisor's Driver's License Number: ID Issuing State: TN
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

APN Location Information - Location 2

Organization: Four Practitioner Health Serv Do you have DEA # for this location? No DEA Number[Without Suffix]: Specialty Care: Nurse Practitioner
Address: (Care Of) One APN Street: 2 Nashville Street City: Nashville State: TN Zip: 37243
Work Phone: 6151111111 Extension: Fax Number:

Supervisor Relationships

Supervisor Name	Supervisor Organization	Supervisor Location	Status/Action	Delete
Practitioner, Four	Four Practitioner Health Services	, 2 Nashville Street Nashville, TN - 37243	Supervisor Review Pending	<input type="button" value="Delete"/>

Supervisor's Driver's License Number: ID Issuing State: TN
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

Clinical Notification Preferences

Myself Health Care Extender Both

Do you dispense?

No Yes

Home | Related Links | Info Center | FAQ | Contact Us | Version 5.0.7.1045
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The supervisor will be notified and will need to log into the CSMD and approve/agree of the supervisory relationship.

SUPERVISOR SCREEN

Supervisor will log into CSMD. As soon as they enter correct username and password this screen appears directing them they have delegates waiting for approval. Click the box to go to "My Account" screen.

The screenshot shows the Tennessee CSMD web application interface. At the top, there is a navigation bar with the text "TENNESSEE CSMD" and "Welcome, Four Practitioner". To the right of the welcome message are buttons for "MY ACCOUNT" and "LOGOUT". Below the navigation bar, there are several sections: "Other Links" (Messages, Info Center, FAQ, Related Links), "Clinical Notifications" (with a warning "You have unread Clinical Notifications" and a list of notifications), "Messages" (with a message about a password change), and "Requests" (with "No New Announcements"). A callout box is overlaid on the screen, containing the following text:

User profile needs update!
Your profile is missing some required details and actions to be taken by you. Could you please update your profile in 'My Account' screen.

- There are delegates waiting for your approval which will enable them to do the patient request. Could you please go to 'My Account' screen and approve them.

At the bottom right of the callout box, there is a button that says "Click here to go to 'My Account' screen".

At the bottom of the page, there is a footer with the text: "Home | Related Links | Info Center | FAQ | Contact Us | Version 5.0.7.1045 © 2010, Optimum Technology Inc. All rights reserved".

Once the Supervisor clicks "My Account" this screen opens. The supervisor will see any approved delegates and any delegates awaiting approval. As you can see this one is awaiting approval.

- >> Messages (1)
- >> Info Center
- >> FAQ
- >> Related Links
- Latest News

PractitionerFour
Practitioner

DEA Number:
BP1234567

Professional License #:
4444

Issuing State:
TN

Profile Information

First Name:

Middle Name:

Last Name:

Date Of Birth:

Personal Information

Home Phone:

Cell Phone:

Social Security Number - Last Four Digits:

ID Issuing State:
TN

Driver License/ID Number:

Occupation:
Medical Doctor

Email Address:[Must be a private and confidential email address]

Region:

Practitioner Location Information - Location 1

Organization:

Do you have DEA # for this location?
Yes

DEA Number[Without Suffix]:

Specialty Care:

Address: (Care Of)

Street:

City:

State:
TN

Zip:

Work Phone:

Extension:

Fax Number:

[Remove Location](#)

Practitioner Location Information - Location 2

Organization:

Do you have DEA # for this location?
No

DEA Number[Without Suffix]:

Specialty Care:

Address: (Care Of)

Street:

City:

State:
TN

Zip:

Work Phone:

Extension:

Fax Number:

[Add Location](#)
[Remove Location](#)

Delegate Relationships

Delegate Info	Work Location	License Type	Status/Action	Notification Preferences
APN, One (865) 111-1111 One.APN@demo.com	, 2 Nashville Street Nashville, TN - 37243		Supervisor Review Pending Approve	

Clinical Notification Preferences

Myself

Health Care Extender

Both

Do you dispense?

No

Yes

[Save](#)

Once the Supervisor clicks "Approve" You can see the successful message at the top. Also when you look at the delegate area the Supervisor now has the ability to "Revoke" this user is the Supervisor no longer supervises this delegate.

TENNESSEE CSMD Welcome, Four Practitioner [My Account](#) [LOGOUT](#)

Request Notification Help DATA COLLECTION

Home > My Account

[Change Password](#)
[Security Questions](#)
Other Links
[Messages \(1\)](#)
[Info Center](#)
[FAQ](#)
[Related Links](#)
Latest News

My Account

- The delegate has been approved for the location successfully.

Username: PractitionerFour **Job:** Practitioner
DEA Number: BP1234567 **Professional License #:** 4444 **Issuing State:** TN

Profile Information

First Name: Four **Middle Name:** **Last Name:** Practitioner **Date Of Birth:** 04/01/1984

Personal Information

Home Phone: **Cell Phone:** **Social Security Number - Last Four Digits:** 4444
ID Issuing State: TN **Driver License/ID Number:** 012345679
Occupation: Medical Doctor **Email Address:** FourPractitioner@Demo.com **Region:**

Practitioner Location Information - Location 1

Organization: Four Practitioner Health Serv **Do you have DEA # for this location?:** Yes **DEA Number[Without Suffix]:** BP1234567 **Specialty Care:** Physician - General, Internal, or Family Medicine
Address: (Care Of) **Street:** 2 Nashville Street **City:** Nashville **State:** TN **Zip:** 37243
Work Phone: 6151111111 **Extension:** **Fax Number:** [Remove Location](#)

Practitioner Location Information - Location 2

Organization: Four Practitioner Pain Clinic **Do you have DEA # for this location?:** No **DEA Number[Without Suffix]:** **Specialty Care:** Physician - Hospice and Palliative Medicine
Address: (Care Of) **Street:** Four Pain Avenue **City:** Knoxville **State:** TN **Zip:** 38119
Work Phone: 8655556666 **Extension:** **Fax Number:** [Add Location](#) [Remove Location](#)

Delegate Relationships

Delegate Info	Work Location	License Type	Status/Action	Notification Preferences
APN, One (865) 111-1111 One.APN@demo.com	, 2 Nashville Street Nashville, TN - 37243		Active Revoke	

Clinical Notification Preferences

Myself Health Care Extender Both

Do you dispense?

No Yes [Save](#)

APN or PA will now be notified of the approval and when they log into the CSMD their “My Account” show “Active” for the Supervisor (s). The APN or PA have the option to “Delete” this supervisor.

TENNESSEE CSMD Welcome, One APN MY ACCOUNT LOGOUT

Request Notifications Help

Home > My Account

Change Password
Security Questions

Other Links
Messages (4)
Info Center
FAQ
Related Links
Latest News

My Account

Username: APNOne Job: Advanced Practice Nurse
DEA Number: MA1234567 Professional License #: 11111 Issuing State: TN

Profile Information

First Name: One Middle Name: Last Name: APN Date Of Birth: 01/01/1960

Personal Information

Home Phone: Cell Phone: Social Security Number - Last Four Digits: 1234
ID Issuing State: TN Driver License/ID Number: 123456780
Occupation: Advanced Practice Nurse Email Address: One.APN@demo.com Region: TN

APN Location Information - Location 1

Organization: Three Practitioner Health Services Do you have DEA # for this location? Yes DEA Number(Without Suffix): MA1234567 Specialty Care: Nurse Practitioner
Address: (Care Of) One APN Street: 2 Knoxville Street City: Knoxville State: TN Zip: 37919
Work Phone: 6631111111 Extension: Fax Number:

Supervisor Name	Supervisor Organization	Supervisor Location	Status/Action	Delete
Practitioner, Three	Three Practitioner Health Services	, 2 Knoxville Street Knoxville, TN - 37919	Active	

Supervisor's Driver's License Number: ID Issuing State: TN Add
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

Remove Location

APN Location Information - Location 2

Organization: Four Practitioner Health Services Do you have DEA # for this location? No DEA Number(Without Suffix): Specialty Care: Nurse Practitioner
Address: (Care Of) One APN Street: 2 Nashville Street City: Nashville State: TN Zip: 37243
Work Phone: 6131111111 Extension: Fax Number:

Supervisor Name	Supervisor Organization	Supervisor Location	Status/Action	Delete
Practitioner, Four	Four Practitioner Health Services	, 2 Nashville Street Nashville, TN - 37243	Active	

Supervisor's Driver's License Number: ID Issuing State: TN Add
Note: Supervisor must be an Osteopathic Physician or a Medical Doctor

Add Location Remove Location

Clinical Notification Preferences

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