

Resident Registration. **Cannot be completed until June 1.** Note you will need the hospital institutional DEA number and your NPI number to register. Hospital DEA #s will be sent out at the end of May.

Navigate to www.tncsmd.com

https://www.tncsmd.com/Login.aspx?ReturnUrl=%2f

DSS Quarantine EDISON CSMD Hitrust Test

TENNESSEE CSMD

Welcome to Tennessee CSMD, Please login to Continue



Not a member? [Register](#)

For registration questions, please contact the CSMD Administrator.
Email: CSMD.admin@tn.gov or
Phone: 615-253-1305.
[CSMD FAQs](#)

Username

[Forgot Username?](#)

Password

[Forgot/Reset Password?](#)

Login

Please use the hyperlinks above if you have forgotten your username or password.
If you have unresolved issues after trying the links above, please contact the CSMD Administrator.
Email: CSMD.admin@tn.gov or Phone: 615-253-1305

The CSMD is working diligently to provide the best customer service possible, but the best way for that to occur is through partnership. If you have an issue you can help the CSMD Team by sending a screenshot of the errors or messages to CSMD.Admin@tn.gov with as much detail as possible. In order for the CSMD Team to communicate with you, it is very helpful to provide a good contact number. The CSMD Teams looks forward to partnering with all its customers.

TAKE NOTE: The CSMD has been enhanced which impacts the way the CSMD Team can assist users with a forgotten password. Communications from the CSMD will be coming from donotreply@appriss.com. This email may come to your Junk/Spam folder to ensure you can receive this email add it as a "safe sender". It is critical

Click "Register" located under the padlock and the next screen will appear

TENNESSEE CSMD

New Registration

Registration Instructions

Welcome to the Tennessee CSMD registration process.
To begin the registration process, please select your job type that best describes your profession.

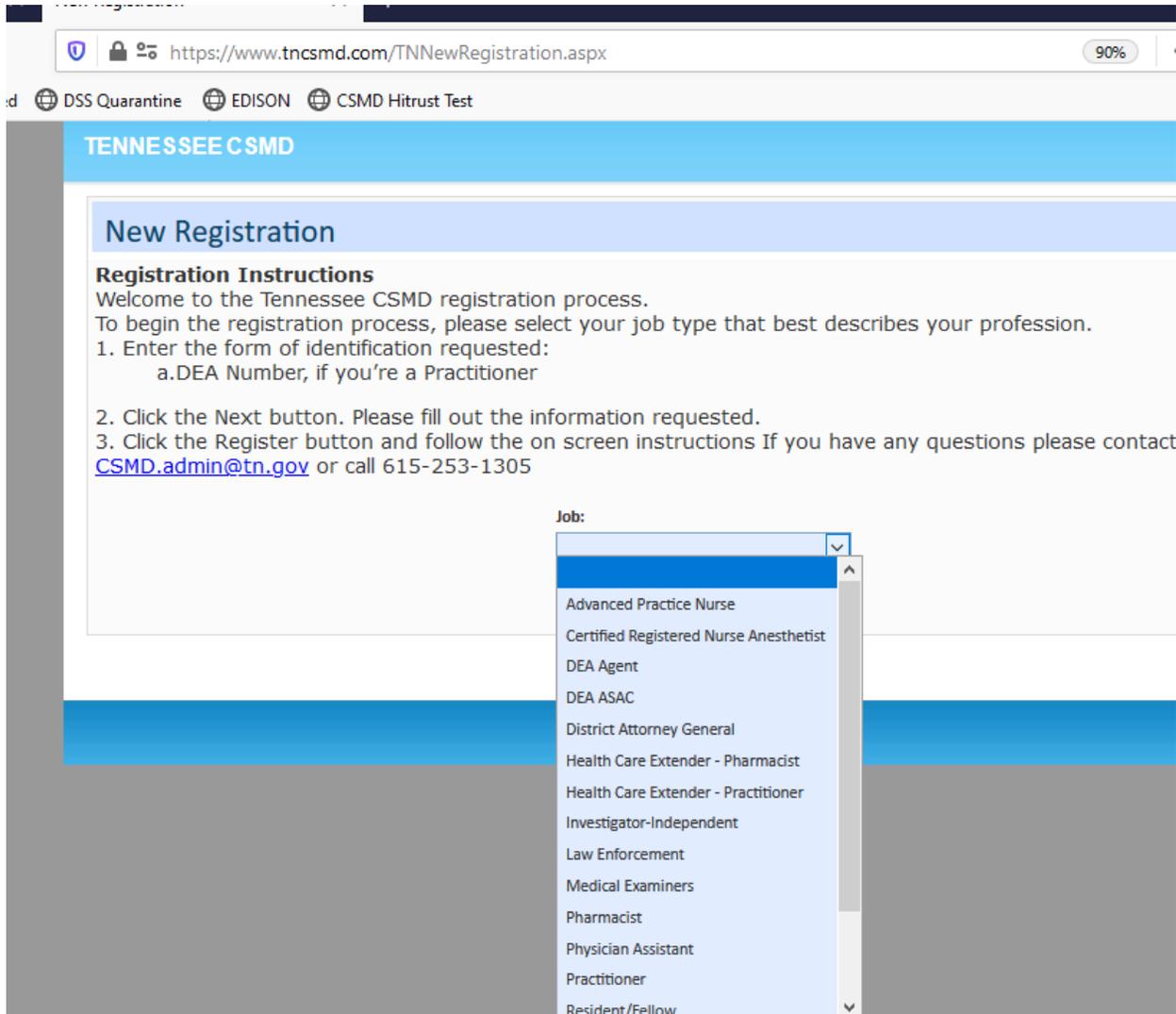
1. Enter the form of identification requested:
 - a. DEA Number, if you're a Practitioner
2. Click the Next button. Please fill out the information requested.
3. Click the Register button and follow the on screen instructions. If you have any questions please contact CSMD.admin@tn.gov or call 615-253-1305

Job:

Next Go Back

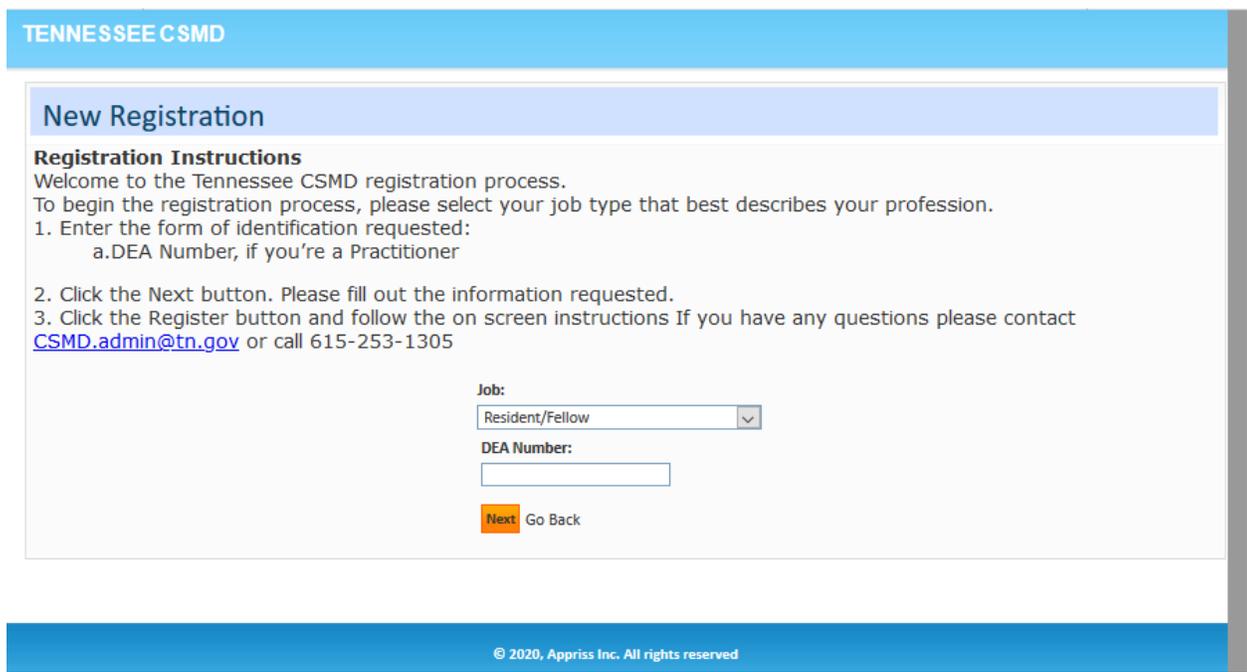
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Click in the "Job" area to display the drop down list and scroll until you see "Resident/Fellow"



The screenshot shows a web browser window with the URL <https://www.tncsmd.com/TNNewRegistration.aspx>. The page title is "TENNESSEE CSMD" and the main heading is "New Registration". Under "Registration Instructions", it says: "Welcome to the Tennessee CSMD registration process. To begin the registration process, please select your job type that best describes your profession." The instructions list: 1. Enter the form of identification requested: a. DEA Number, if you're a Practitioner. 2. Click the Next button. Please fill out the information requested. 3. Click the Register button and follow the on screen instructions If you have any questions please contact CSMD.admin@tn.gov or call 615-253-1305. The "Job:" dropdown menu is open, showing a list of professions: Advanced Practice Nurse, Certified Registered Nurse Anesthetist, DEA Agent, DEA ASAC, District Attorney General, Health Care Extender - Pharmacist, Health Care Extender - Practitioner, Investigator-Independent, Law Enforcement, Medical Examiners, Pharmacist, Physician Assistant, Practitioner, and Resident/Fellow.

Choose Resident Fellow and this page will appear



The screenshot shows the same "New Registration" page, but now the "Job:" dropdown menu is closed and "Resident/Fellow" is selected. Below the dropdown is a text input field for "DEA Number:". At the bottom of the form area, there are two buttons: "Next" (highlighted in orange) and "Go Back". The footer of the page reads "© 2020, Appriss Inc. All rights reserved".

Insert the DEA of the institution where you will be a “Resident/Fellow”

TENNESSEE CSMD

New Registration

Registration Instructions
Welcome to the Tennessee CSMD registration process.
To begin the registration process, please select your job type that best describes your profession.

1. Enter the form of identification requested:
 - a. DEA Number, if you're a Practitioner
2. Click the Next button. Please fill out the information requested.
3. Click the Register button and follow the on screen instructions If you have any questions please contact CSMD.admin@tn.gov or call 615-253-1305

Job:

DEA Number:

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Then click “Next” and the screen for all demographic and personal information to entered will appear.

Helpful Tips:

1. If your Driver License is not from TN to select the appropriate state that issued the Driver's License.
2. Social Security number is **last** 4 digits.
3. DEA Number (without Suffix) means **only** input the DEA Number
4. DEA Suffix Number mean **only** the suffix the DEA number **should not** be enter in that field

TENNESSEE CSMD

New Registration

Profile Information

First Name: Middle Name: Last Name: Date Of Birth:

Personal Information

Home Phone: Cell Phone: Social Security Number - Last Four Digits:

Occupation: ID Issuing State: Driver License/ID Number:

Email Address: Region:

APN Location Information - Location 1

Organization: DEA Number(Without Suffix): Specialty Care:

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

Work Phone: Extension: Fax Number:

User Job and Identification

User Job: Professional License #: Issuing State:

NPI Number: DEA Suffix Number:

Do you dispense?

No Yes

Security Questions

What is your Mothers Maiden Name?

What is your First Pet's Name?

In what city were you born?

Reason For Registration

Verification Code:



I certify that the information obtained from CSMD will not be misused based on laws and regulations. I certify that I have reviewed the CSMD PMP policy and agree to abide by all terms of that policy.

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Profile information is self-explanatory as well as personal information section with the exception of possibly "Occupation"

New Registration

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: []
Email Address: [] Region: []

Occupation:
[]
Dental
Medical Doctor
Optometrist
Podiatrist
Veterinary
Osteopathic Physician

Location 1
DEA Number(Without Suffix): AB1234567 Specialty Care: []
Street: [] City: [] State: TN Zip: []
Extension: [] Fax Number: []

Choose appropriate option based on your residency.

In the location section in the screenshot it is referencing "APN Location Information – Location 1" but this should say Resident/Fellow Location Information – Location 1. I am working to get that revised.

This is the section that would contain the information about the resident and was suggested that in the first Location the residency program information. Then after the registration is approved and the Resident has an account in the CSMD additional locations can be added. In this section is also where "Specialty Care" is selected. There are 37 choices and one of them should reflect the residents program area.

APN Location Information - Location 1

Organization: [] DEA Number(Without Suffix): AB1234567 Specialty Care: [] Zip: []
Address: (Care Of) [] Street: []
Work Phone: [] Extension: []

User Job and Identification
User Job: Resident/Fellow
Professional License # [] Issuing State: TN
NPI Number []
DEA Suffix Number []

Do you dispense?
 No Yes

Security Questions
What is your Mothers Maiden Name? []
What is your First Pet's Name? []
In what city were you born? []

Reason For Registration
[]

Specialty Care:
Physician - Anesthesiology
Physician - Dermatology
Physician - General, Internal, or Family Medicine
Physician - Adolescent Medicine
Physician - Allergy & Immunology
Physician - Addiction Medicine
Physician - Cardiology
Physician - Critical Care/Emergency Medicine
Physician - Endocrinology, Diabetes & Metabolism
Physician - Gastroenterology
Physician - Geriatric Medicine
Physician - Hospice and Palliative Medicine
Physician - Hematology & Oncology
Physician - Infectious Disease
Physician - Nephrology
Physician - Pulmonary Disease
Physician - Rheumatology
Physician - Sports Medicine
Physician - Transplant

APN Location Information - Location 1

Organization: * DEA Number(Without Suffix):

Address: (Care Of) * Street: *

Work Phone: * Extension:

Specialty Care: * Zip: *

User Job and Identification

User Job:

Professional License # Issuing State:

NPI Number *

DEA Suffix Number *

Do you dispense?
 No Yes

Security Questions

What is your Mothers Maiden Name?

What is your First Pet's Name?

In what city were you born?

Reason For Registration

The next section the User Job will be pre-populated as Resident/Fellow and the resident should supply all information that applies to them. Some residents may have a license in another state and that should be entered if it applies to them but you can see it does not have red asterisk (*), so it is not required.

User Job and Identification

User Job:

Professional License # Issuing State:

NPI Number *

DEA Suffix Number *

Security Questions is the next section and there are dropdowns for each question and the Resident/Fellow should select a question and provide a response that the Resident/Fellow can remember as these questions are used to complete account setup and can be used to reset password once the account is established.

Security Questions

What is your Mothers Maiden Name? *

What is your First Pet's Name? *

In what city were you born? *

The last section is Reason for Registration (optional), entering the captcha code and certifying that based on law the Resident/Fellow should be registering for access to the CSMD.

Reason For Registration

Verification Code:

E 3 3 C 3

I certify that the information obtained from CSMD will not be misused based on laws and regulations. I certify that I have reviewed the CSMD PMP policy and agree to abide by all terms of that policy. *

The last step is to click “Register”.

If there are any issues with the data entered on the Registration page the error will appear at the top of the page.

If all data is entered appropriately then a message will appear

New Registration

• Your request for access to the CSMD system has been recorded and is pending approval. Please monitor your email for future communications regarding your request

I would also go into your email client and add CSMD.Admin@tn.gov as a safe sender to prevent the email from going to a junk or spam folder.

Once the system acknowledges the registration and it is waiting for CSMD Admin review the registrant will receive this message.

SYSTEM EMAIL RESPONSE

SUBJECT of EMAIL: Thank you for Registering

From: CSMD.Admin@tn.gov

To: <registrant email address.>

Dear <First Name Last Name>,

This communication is to acknowledge that your registration for access to the Tennessee Controlled Substance Monitoring Database (CSMD) has been received. Your registration will be reviewed and the goal of the CSMD team is for the approval/denial to occur in 7-10 business days. A communication will be sent to the email provided in the registration with the decision. If approved the email would contain a username and instructions to complete your account setup. If your registration is denied, the reason for denial will be provided in the email. If you have any questions, you may send an email to CSMD.Admin@tn.gov or call the CSMD admin at 615-253-1305.

The CSMD Team appreciates your patience during this review process.

Thank You,
CSMD Administrator

Resident will receive email acknowledging account was approved or denied. If denied the email contain a reason for the denial. If approved this message will be received.

SUBJECT of EMAIL: CSMD Registration Approved

From: CSMD.Admin@tn.gov

To: <registrant email address>

Dear <First Name Last Name>,

CSMD new account has been successfully approved. Please use the link provided below and follow the instructions provided in the attachment to this email to activate the CSMD account.

User Name: <User Name will be provided>

Link: <https://tncsm.com/Login.aspx>

Thank You,
CSMD Administrator

There will be a PDF attachment that contains these instructions.



TENNESSEE CONTROLLED SUBSTANCE MONITORING PROGRAM: BOARD OF PHARMACY - DEPARTMENT OF HEALTH
965 MAINSTREAM DRIVE NASHVILLE, TENNESSEE 37243
Date
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[Phone \(615\) 253-1306](tel:(615)253-1306) [Fax \(615\) 253-4782](tel:(615)253-4782) [Email : CSMD.Admin@tn.gov](mailto:CSMD.Admin@tn.gov)

To: First Name Last Name
Street Address, City, State, Zip
From: Tennessee
Date: Date System Generated the Document

RE: TENNESSEE CONTROLLED SUBSTANCE MONITORING DATABASE

Thank you for registering for the Controlled Substance Monitoring Database Program. Your username and instructions to create a password and complete your account activation.

Creating Your Password:

1. Navigate your browser to <https://tncsm.com/Login.aspx> (which is the CSMD log in page).
 2. Click on "Forgot/Reset Password" (located under the field to enter a password).
 3. Enter Username provided in the email but also providing in these instructions for your convenience User Name: **UserName** and click "continue"
 4. Select Password Reset Option will appear. The two choices are:
 - I. By answering security questions
 - a. Security question responses must be typed exactly the way entered during registration
 - II. Email me a link to reset password
 - a. Email with a link to reset password. This option will send to the email address provided during registration
 - b. Once email is sent, the link will only be active for 30 minutes
 - c. Check for an email message from CSMD.Admin@tn.gov with subject of CSMD Password Reset Request.
 - If message is not in the "inbox", check the "Junk/Spam Folder"
 - If message in "Junk/Spam Folder", add CSMD.Admin@tn.gov to the "Safe Sender List" to ensure all emails received in the future will arrive in the "inbox"
 - d. Click link in email and the Password Reset page will display.
- Your new password must contain the following:
- Must be at least 8 characters in length
 - Must contain at least one uppercase letter
 - Must contain at least one number
 - Must contain at least one symbol character
 - Must NOT be same as your previous password
- NOTE: Update the email address in your "My Account" immediately any time your email address changes.
5. This completes activation of the CSMD account.

If you have any additional questions or concerns, please contact us at CSMD.ADMIN@tn.gov

Note: Instructions for requesting and retrieving a patient history report, Registration Policies and Procedures are located in the CSMD FAQs: <https://www.tn.gov/health/health-program-areas/health-professional-boards/csmc-board/csmc-board/fqs.html> and contact information and various application instructions are located in the "FAQ" and "InfoCenter" sections of the CSMD once logged in.