

HCS Medical Professions Account

The Health Commerce System (HCS) Medical Professions account request for practitioners without a NYS Driver License or Non-Driver Photo ID. Applying for an HCS account is as simple as filling out an online form. The request is submitted to a queue for review by NYS Department of Health, Commerce Accounts Management Unit (CAMU). Once approved, you will receive an email with the form. The form must be signed, notarized, and the original mailed to the address provided. After the form is processed, you will be mailed a letter with account activation instructions.

Important information!

This process is for practitioners that **DO NOT** have a NYS Driver License or Non-Driver Photo ID.

Here are the sections in the progress bar.



To enroll you must have a:

- NYS Education Department (SED) registered medical professional license
- Personal information
- Corporate Information (**prescribers will see this section**)
- Contact information

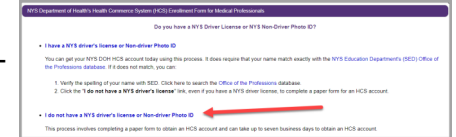
Where do I go to apply for an HCS account?

Open your web browser and enter this website in the address bar

https://commerce.health.state.ny.us/public/hcs_login.html

How do I apply for an account?

1. Click **Create an HCS Account**
2. Click **Yes** if you hold a professional medical license by NYS Education Dept.
3. Click '**Apply** for an HCS Medical Professions account'
4. Click '**I do not have a NYS DMV driver license or Non-driver Photo ID**'



SED Information section

5. Enter your First Name, Last Name, License Type, and License Number, then click **Next**

Important! The information you enter must match what is in the NYSED Office of the Professions

Corporate Information section (ONLY prescribing practitioners will see this section)

6. Select either one of the following, fill in required fields, then click **Next**
 - o I **am** incorporated/partnership/proprietorship or a medical practice officer/director/shareholder (requires a Business Entity Number)
 - o I **am not** incorporated/partnership/proprietorship or a medical practice officer/director/shareholder (requires a practitioner license number)

Note: If you selected "I am incorporated...", you must enter the **Business Entity Number and the name of the medical practice.**

Personal Information section

7. Enter your date of birth, DEA number (prescribers only), last 4-digits of your Social Security Number, your State issued Driver License or State Issued Photo ID exactly as it appears on your driver's license, and the licensing State, then click **Next**.

Contact Information section

8. Enter your address, city, state, zip code, phone, phone extension (if applicable), fax (if applicable), and email address, then click **Submit**
Note: Please verify your email is correct or you will not receive the form.

Thank you for submitting your HCS account request!

Your request is sent to the NYS Department of Health's Commerce Accounts Management Unit (CAMU) for review and a form will be sent to you shortly via email. If you do not receive the form within 3 business days, please contact CAMU at (866) 529-1890 and select option 1 or email camu@health.ny.gov.