



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE & REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243**

Tennessee ARCOS Data Submission Account Registration Instructions

Please fill out this form and save as an .xls file and send via email to tn.arcos@tn.gov with the completed .xls file attached. Single-facility reporters should fill out the applicable gray fields in the "TN ARCOS Single Reporter" tab in lines 2 and 5. Central reporters are responsible for reporting on behalf of multiple licensees within one organization. The central reporter should fill out cells C through K of line 2 and all gray fields in line 5 as well as all applicable gray fields in the "TN ARCOS Central Reporter" tab. If you do not have a separate Director or Coordinator you may leave the appropriate cells blank. Any changes in reporting personnel should be reported to the Board of Pharmacy office and reporting should continue uninterrupted.

"TN ARCOS Single Reporter Tab"

Single Reporter-Complete cells 2A through 2K and 5A through 5I

- 2A. Facility TN Board of Pharmacy License Number
- 2B. Facility DEA Number
- 2C. Organization Name (as it appears on your TN Board of Pharmacy license)
- 2D. Responsible Party's First Name
- 2E. Responsible Party's Last Name
- 2F-2I. Address (as it appears on your TN board of Pharmacy license)
- 2J. Responsible Party's Telephone Number
- 2K. Responsible Party's Fax Number
- 5A. Does the central reporter have a separate DEA number? (Y/N)
- 5B. Compliance Director's First Name
- 5C. Compliance Director's Last Name
- 5D. Compliance Director's Title
- 5E. Compliance Director's Email Address
- 5F. Reporting Coordinator First Name

- 5G. Reporting Coordinator's Last Name
- 5H. Reporting Coordinator's Title
- 5I. Reporting Coordinator's Email Address

Central Reporters-Complete cells 2C through 2K as well as 5A through 5I and "TN Central Reporter Tab"

- 2C. Organization Name (as it appears on your TN Board of Pharmacy license)
- 2D. Responsible Party's First Name
- 2E. Responsible Party's Last Name
- 2F-2I. Address (as it appears on your TN board of Pharmacy license)
- 2J. Responsible Party's Telephone Number
- 2K. Responsible Party's Fax Number
- 5A. Does the central reporter have a separate DEA number? (Y/N)
- 5B. Compliance Director's First Name
- 5C. Compliance Director's Last Name
- 5D. Compliance Director's Title
- 5E. Compliance Director's Email Address
- 5F. Central Reporting Coordinator First Name
- 5G. Central Reporting Coordinator's Last Name
- 5H. Central Reporting Coordinator's Title
- 5I. Central Reporting Coordinator's Email Address

"TN ARCOS Central Reporter Tab"

Complete one line for each facility you will be submitting reports on behalf of.

- Column A. Facility TN Board of Pharmacy License Number
- Column B. Facility DEA Number
- Columns C-F. Facility Address (as it appears on the TN Board of Pharmacy license)

If you have any questions please contact us via email: tn.arcos@tn.gov.