

How to Add Delegates to the Master Account

Master account holders of eKASPER may set up delegates to their accounts to request reports on their behalf. Delegates can only be requested through the master account holder's Administration screens.

Per Cabinet guidelines, effective July 1, 2018, delegates of Law Enforcement master account holders must be added through a 'paper' Delegate Request process. Delegates of Prescriber, APRN, and Pharmacist master account holders may be added automatically by the master account holder without generating any paperwork. Additionally, Judge and CHFS master account holders may not have delegates.

Click on a step below to quickly jump to that section of this document:

- [Step 1 – Logon and navigate to administration](#)
- [Step 2 – Navigate to delegate administration](#)
- [Step 3 – Delegate request screen](#)
- [Step 4 – Fill out delegate details](#)

Continued steps for Automatic Process (to add Prescriber, APRN, and Pharmacist delegates)

- [Step 5 - Automatic Add Button](#)
- [Step 6 - Confirmation Page](#)

Continued steps for Paper Process (to add Law Enforcement delegates)

- [Step 5 - Review Form](#)
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- [Step 7 - Close Review Form](#)
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Final Step

- [Step 12 – Repeat or Logout](#)

To automatically add the Prescriber, APRN, and Pharmacist delegate:

Step 1: The master account holder (MAH) must logon to his account and select the 'Administration' link from the navigational menu:

Request Report

Summary Report

Status of Requests

Administration

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

Request Report - For Single Patient

* Required Field

Patient / Subject Details

First Name *
ID Type SSN
DOB(mm/dd/yyyy) *

Last Name *
SSN *
[Click here for Aliases](#)

Patient / Subject Address Info

Address *
State KY

City *
Zip Code
[Click here for Other Addresses](#)

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

From Date * 06/23/2013
To Date * 06/23/2014

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

Border States

Facility GENERAL HOSPITAL, 555222331
Email Notification For Auto & Manual Report

Submit
Reset

[Top of Page](#)

Step 2: You may either click “Delegate Administration” in the navigational menu or click the Add Delegate hyper-link:

Account Maintenance

Delegate Administration

Home Page

Account Maintenance

Master Account Information

First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
IMA	DOCTOR	bIMA1.DOCTOR	(555) 765-4321	Active		Select

Delegate Account Information

No Delegates Found [Add Delegate](#)

Prescribing Report Request

NOTE: Please call the business office at (502) 564-2815 for a report on any other DEA numbers

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

Report for Prescriber DEA #: DE0183402

From Date * 05/14/2014
To Date * 06/13/2014

View Report

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Step 3: Clicking either link re-directs you to the Delegate Request screen. Delegate screens may vary slightly in appearance and requirements, depending on the account type:

Section (a): Personal Information

The delegate’s personal information is **required** for this section

Account Maintenance

Delegate Administration

Home Page

Delegate Request

Please READ the instructions! Most questions are answered here. [Print Instructions](#)

Personal Information

First Name*

DOB*

ID Type*

Degree

State Issued

Email Address*

Mother's maiden name*

Address*

City* State Zip Code*

Home Phone* Requests Per Day Email Notification

Last Name*

Account Type

ID*

Last 4 digit SSN*

Professional Information

Pro Lic. /Reg #

DEA#

Facility Information

Name	Phone	Fax	Address	City	State	Zip	Select	Active
GENERAL HOSPITAL	(555) 222-3300	(555) 222-4040	FACILITY LOCATION	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEALTH CLINIC	(555) 777-8800	(555) 777-9090	CLINIC ADDRESS	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Delegate Roles

☒ Request ☒ View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

Automatically Add Delegate

Review Form
Submit / Print Application

Section (b): Professional Information

The delegate's professional information is **optional** for the following account types (*please note*: Do not provide the master account holder's information in these fields):

Prescriber:

Pro Lic. /Reg #

DEA#

ARNP:

Pro Lic. /Reg #

Pharmacist:

Pro Lic. #

Section (c): Facility Information

The delegate uses the same facility information as the MAH—it is already on the screen when the screen is opened. Some MAHs have multiple facilities. All active facilities under the MAH's account are checked for the delegate. If the master account holder does not want a delegate to request reports from a particular facility, he must un-check the 'Active' box next to that facility.

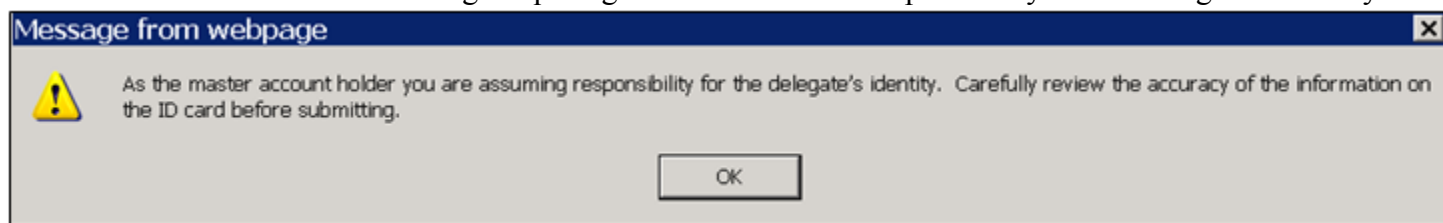
[Top of Page](#)

Step 4: Enter the delegate's information. Asterisks will indicate which fields are required:

Delegate Request			
Please READ the instructions! Most questions are answered here. Print Instructions			
Personal Information			
First Name*	Dale	Last Name*	Gate
DOB*	01/01/1950	Account Type	Prescriber
ID Type*	Driver's License	ID*	D98-765-432
Degree		Last 4 digit SSN*	7777
State Issued	KY		
Email Address*	ekasperhelp@ky.gov		
Mother's maiden name*	Mom		
Address*	Delegate Address		
City*	City	State	KY
Home Phone*	555 123 4567	Requests Per Day	100
		Zip Code*	44444
		Email Notification	None

Please note:

- Only the last four digits of the SSN are required. SSN is used for identification purposes.
- ID Type defaults on Driver's License; State Issued defaults on KY. If driver's license is used as the ID Type (and the state issued is KY), the driver's license will be checked against the Kentucky Department of Transportation's database.
- If the delegate has an out-of-state driver's license, or if "Other Type" is selected the ID Type, there cannot be verification for the delegate against the Ky. Dept. of Transportation. The master account holder will then receive a message requiring him/her to assume responsibility for the delegate's identity:



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Step 5: If the delegate's information has been entered, click the Automatically Add Delegate button. If the information provided in the fields does not exactly match the information provided by the Ky. Dept. of Transportation, a message will be received stating there could not be a match found (see below). Verify that all information is correctly entered, make any corrections necessary, and click the Automatically Add Delegate button again.

Delegate Request

Could not find any match for name, address, and Driver's License in the system. If you are unable to resolve this issue, continue to the paper process. An application form will be generated in a separate window. You will be required to print out this form and follow the instructions per the 3rd page.

Please READ the instructions! Most questions are answered here.



[Print Instructions](#)

Personal Information

First Name*	<input type="text" value="Dale"/>	Last Name*	<input type="text" value="Gate"/>
DOB*	<input type="text" value="01/01/1950"/>	Account Type	<input type="text" value="Prescriber"/>
ID Type*	<input type="text" value="Driver's License"/>	ID*	<input type="text" value="D98-765-432"/>
Degree	<input type="text"/>	Last 4 digit SSN*	<input type="text" value="7777"/>
State Issued	<input type="text" value="KY"/>		
Email Address*	<input type="text" value="ekasperhelp@ky.gov"/>		
Mother's maiden name*	<input type="text" value="Mom"/>		
Address*	<input type="text" value="Delegate Address"/>		
City*	<input type="text" value="City"/>	State	<input type="text" value="KY"/>
Home Phone*	<input type="text" value="555"/> <input type="text" value="123"/> <input type="text" value="4567"/>	Requests Per Day	<input type="text" value="100"/>
		Email Notification	<input type="text" value="None"/>
Pro Lic. /Reg #	<input type="text"/>		
DEA#	<input type="text"/>		
Zip Code*	<input type="text" value="44444"/>		

Facility Information

Name	Phone	Fax	Address	City	State	Zip	Select	Active
GENERAL HOSPITAL	(555) 222-3300	(555) 222-4040	FACILITY LOCATION	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HEALTH CLINIC	(555) 777-8800	(555) 777-9090	CLINIC ADDRESS	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Delegate Roles

☒ Request ☒ View/Print

Click the 'Automatically Add Delegate' button for adding delegate immediately and without paper work. If you cannot use this option, you will need to print out the hard-copy application and Terms of Account Use Agreement and follow the instructions per the 3rd page.

[Automatically Add Delegate](#)

NOTE: If the message continues despite corrections, the Driver's License verification can be turned off by selecting '---other type---' in the ID Type drop-down field; you will still need to enter the delegate's license information in the ID text field. Click 'OK' to the message requiring the master account holder to assume responsibility for the delegate's identity, then click the Automatically Add Delegate button again.

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Step 6: When the delegate has been automatically added/approved, a confirmation screen will be received:

Confirmation

The delegate has been approved.

If the delegate has never had an existing account, the delegate should receive two emails with user name assignment and password (one is titled "Welcome to eKASPER"; the other is "Password and instructions for accessing eKASPER") to the email address provided during the Delegate Request process.

If the delegate has a previous delegate account, only the instructions email will be received.

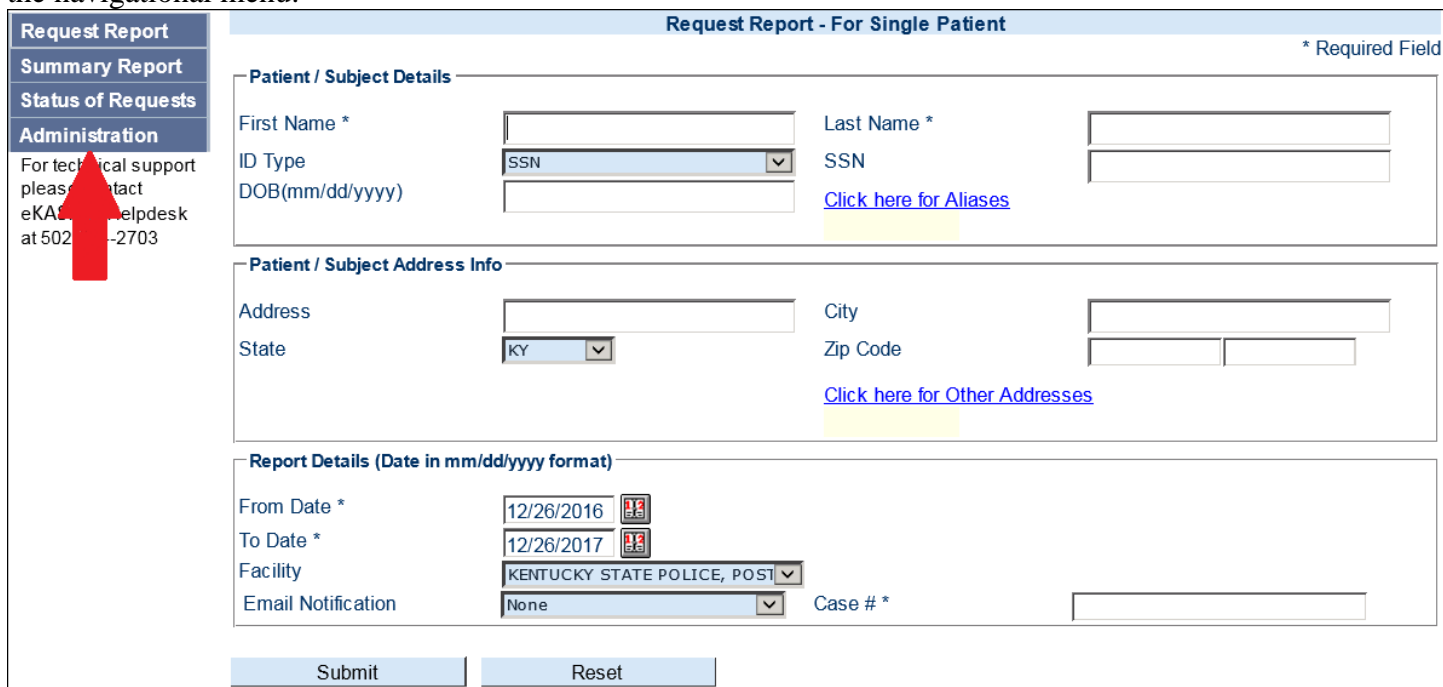
[Submit another delegate request](#)

To request a Law Enforcement delegate account using the ‘paper’ process:

The following will be required to produce the hard-copy application and Terms of Account Use documents in the “paper” Delegate Request process:

- Our users must use Internet Explorer, 5.5 or higher (other browsers, such as Google Chrome, Safari, Opera, or AOL Desktop are not supported by our application). We also allow for Mozilla Firefox, version 12 or higher to support our application.
- Our users must allow pop-ups and cookies from our site. By adding our domain name of <https://ekasper.chfs.ky.gov> to Trusted Sites and/or to Pop-up Blocker Settings in Internet Options, this will resolve the pop-up blockers within Microsoft Windows. This will not turn off pop-up blockers from other sources (such as the Yahoo! or Google toolbars). The Privacy setting in Internet Options should be set no higher than Medium. The Temporary Internet Files and History Settings in Internet Options should be set to “Automatically” check for newer versions of stored pages.
- Certain mal-ware and anti-spyware may contain elements that prevent cookies from being accepted from our website. Microsoft Defender is one of these products. If you are using Microsoft Defender, please disable it.
- Our users must have Adobe Acrobat Reader, as our reports must open in .pdf. Sometimes, other products may be simultaneously installed with many versions Adobe Reader, such as Google Chrome, Google Chrome toolbar, Adobe AIR or Adobe Manager. Some of these products may interfere with the reports window opening. Multiple versions of Adobe Reader (for instance, having both Adobe Reader 9 and X) will also interfere with the reports window opening.
- If your .pdf window opens blank (or grey), close the window, then re-open. If the issue continues, you might want to visit the following troubleshooting site for Adobe: <http://helpx.adobe.com/acrobat/kb/cant-view-pdf-web.html>

Step 1: The master account holder (MAH) must logon to his account and select the ‘Administration’ link from the navigational menu:



Request Report - For Single Patient * Required Field

Navigation Menu:

- Request Report
- Summary Report
- Status of Requests
- Administration** (indicated by a red arrow)

For technical support please contact eKASPer helpdesk at 502-2703-2703

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 *

Facility Case # *

Email Notification

Step 2: You may either click “Delegate Administration” in the navigational menu or click the Add Delegate hyper-link:

Account Maintenance							
Account Maintenance Delegate Administration Home Page	Master Account Information						
	First Name	Last Name	Login Name	Phone	Status	View Delegate Details	View Details
	LEO	TROOPER	bLEO.TROOPER	(555) 555-5555	Active		Select
	Delegate Account Information						
	No Delegates Found Add Delegate						

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Step 3: Clicking either link re-directs you to the Delegate Request screen. Delegate screens may vary slightly in appearance and requirements, depending on the account type:

Section (a): Personal Information

The delegate's personal information is **required** for this section

Delegate Request																											
Account Maintenance Delegate Administration Home Page	Please READ the instructions! Most questions are answered here. Print Instructions																										
	Personal Information																										
	First Name*				Last Name*																						
	DOB*				Account Type	LawEnforcement																					
	ID Type*	Driver's License			ID*																						
	Degree				Last 4 digit SSN*																						
	State Issued	KY																									
	Email Address*																										
	Mother's maiden name*																										
	Address*																										
	City*		State	KY	Zip Code*																						
	Home Phone*		Requests Per Day	100	Email Notification	None																					
	(a.)																										
	(b.)	Law Enf ID *	Badge	Badge#																							
	(c.)	Facility Information																									
<table border="1"> <thead> <tr> <th>Name</th> <th>Phone</th> <th>Fax</th> <th>Address</th> <th>City</th> <th>State</th> <th>Zip</th> <th>Select</th> <th>Active</th> </tr> </thead> <tbody> <tr> <td>KENTUCKY STATE POLICE, POST 20</td> <td>(555) 564-0123</td> <td>(555) 564-3210</td> <td>852 OFFICER WAY</td> <td>CITY</td> <td>KY</td> <td>44444</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </tbody> </table>										Name	Phone	Fax	Address	City	State	Zip	Select	Active	KENTUCKY STATE POLICE, POST 20	(555) 564-0123	(555) 564-3210	852 OFFICER WAY	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Name	Phone	Fax	Address	City	State	Zip	Select	Active																			
KENTUCKY STATE POLICE, POST 20	(555) 564-0123	(555) 564-3210	852 OFFICER WAY	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																			
Delegate Roles																											
<input checked="" type="checkbox"/> Request <input checked="" type="checkbox"/> View/Print																											
Review Form Submit / Print Application																											

Section (b): Professional Information

The delegate's professional information is **required** for all Law Enforcement delegates. A drop-down box allows for Badge or Employee ID to be selected as the ID type for the Law Enforcement delegates:

Law Enf ID	Badge	Badge#
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Section (c.): Facility Information

The delegate uses the same facility information as the MAH—it is already on the screen when the screen is opened. Some MAHs have multiple facilities. All active facilities under the MAH's account are checked for the delegate. If the master account holder does not want a delegate to request reports from a particular facility, he must un-check the 'Active' box next to that facility.

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Step 4: Enter the delegate's information. Asterisks will indicate which fields are required:

Delegate Request

Please READ the instructions! Most questions are answered here.  [Print Instructions](#)

Personal Information

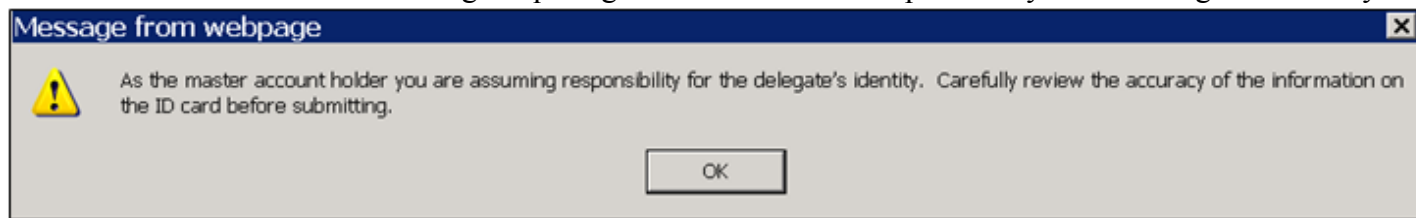
First Name*	<input type="text" value="Dale"/>	Last Name*	<input type="text" value="Gate"/>
DOB*	<input type="text" value="01/01/1950"/>	Account Type	<input type="text" value="LawEnforcement"/>
ID Type*	<input type="text" value="Driver's License"/>	ID*	<input type="text" value="D98-765-432"/>
Degree	<input type="text"/>	Last 4 digit SSN*	<input type="text" value="7777"/>
State Issued	<input type="text" value="KY"/>		
Email Address*	<input type="text" value="ekasperhelp@ky.gov"/>		
Mother's maiden name*	<input type="text" value="Mom"/>		
Address*	<input type="text" value="Delegate Address"/>		
City*	<input type="text" value="City"/>	State	<input type="text" value="KY"/>
Home Phone*	<input type="text" value="555"/> <input type="text" value="123"/> <input type="text" value="4567"/>	Requests Per Day	<input type="text" value="100"/>
		Email Notification	<input type="text" value="None"/>
Law Enf ID *	<input type="text" value="Badge"/>	Badge#	<input type="text" value="1358"/>

Facility Information

Name	Phone	Fax	Address	City	State	Zip	Select	Active
KENTUCKY STATE POLICE, POST 20	(555) 564-0123	(555) 564-3210	852 OFFICER WAY	CITY	KY	44444	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Please note:

- Only the last four digits of the SSN are required. SSN is used for identification purposes.
- ID Type defaults on Driver's License; State Issued defaults on KY. If driver's license is used as the ID Type (and the state issued is KY), the driver's license will be checked against the Kentucky Department of Transportation's database.
- If the delegate has an out-of-state driver's license, or if "Other Type" is selected the ID Type, there cannot be verification for the delegate against the Ky. Dept. of Transportation. The master account holder will then receive a message requiring him/her to assume responsibility for the delegate's identity:



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Step 5: If the delegate's information has been entered, click the Review Form button:

Delegate Roles

☒ Request ☒ View/Print

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Step 6: A separate (Adobe) window should “pop-up” containing a document titled “REVIEW FORM—DO NOT SUBMIT”. **Please check the form for any necessary corrections!**



REVIEW FORM - DO NOT SUBMIT

PERSONAL INFORMATION

Account Req #: 0

Name:	Dale Gate	SSN:	7777	DOB	01/01/50
Address:	Delegate Address				
City:	City	State:	KY	Zip:	44444
Email Address:	ekasperhelp@ky.gov		Home Phone Number:	(555) 123-4567	
ID / Driver's License Number:	D98-765-432	KY	Mother's Maiden Name:	Mom	
Your home address will be verified using the address as printed on your driver's license. If you live in Kentucky but still have a Driver's License from another state, please select the state that issued your current Driver's License and enter that Driver's License number when you complete the application form.					

PROFESSIONAL CREDENTIALS (Applicable by account type - See instructions for specific requirements)

Badge#:	1358		

WORK INFORMATION (Note: Only one location is printed; however, all locations will be verified.)

Work Location Name:	KENTUCKY STATE POLICE, POST 20				
Address:	852 OFFICER WAY				
City:	CITY	State:	KY	Zip:	44444
Work Phone Number:	(555) 564-0123				

FOR OFFICE USE ONLY

Account Type:	LawEnf	Access Level:	Delegate	Submit Date:	06/12/18
				Process Date:	

To make corrections:

- Close the Review Form window
- Make the necessary corrections in the proper boxes
- Click the Review Form button again and re-examine the document to ensure the changes were made

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Step 7: If no corrections are necessary, click the ‘X’ in the upper right-hand corner of the Adobe window with the REVIEW FORM document:

Delegate Request

Please READ the instructions! Most questions are answered here. [Print Instructions](#)

Personal Information

First Name* Dale Last Name* Gate
 DOB* 01/01/1950 Account Type LawEnforcement

APPLICATION FORM FOR DELEGATE ACCESS TO KASPER DATA- PAGE 1

PERSONAL INFORMATION Account Req #: 0

Name:	Dale Gate	SSN:	7777	DOB:	01/01/50
Address:	Delegate Address				
City:	City	State:	KY	Zip:	44444
Email Address:	ekasperhelp@ky.gov		Home Phone Number:	(555) 123-4567	
ID / Driver's License Number:	D98-765-432	KY	Mother's Maiden Name:	Mom	

Your home address will be verified using the address as printed on your driver's license. If you live in Kentucky but still have a Driver's License from another state, please select the state that issued your current Driver's License and enter that Driver's License number when you complete the application form.

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Step 8: Click the ‘Submit/Print Application’ button:

Delegate Roles

☒ Request ☒ View/Print

[Review Form](#) [Submit / Print Application](#) [Reset](#)

[Top of Page](#)

Step 9: The Adobe window reopens, with the required hard-copy application form for the delegate. The heading of “**Account Req #:**” in the top-right corner of the document has the delegate’s confirmation number printed to the right side:

Signature field(s) detected. Open Sign Panel

Kentucky
UNBROKEN SPIRIT

APPLICATION FORM FOR DELEGATE ACCESS TO KASPER DATA- PAGE 1

PERSONAL INFORMATION

Account Req #: 87280 Confirmation number

Name:	Date of Birth:	SSN:	7777	DOB:	01/01/50
Address:		Delegate Address			
City:	State:	KY	Zip:	44444	
Email Address:	ekasperhelp@ky.gov		Home Phone Number:	(555) 123-4567	
ID / Driver's License Number:	D98-765-432	KY	Mother's Maiden Name:	Mom	

Your home address will be verified using the address as printed on your driver's license. If you live in Kentucky but still have a Driver's License from another state, please select the state that issued your current Driver's License and enter that Driver's License number when you complete the application form.

PROFESSIONAL CREDENTIALS (Applicable by account type - See instructions for specific requirements)

Badge#:	1358
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WORK INFORMATION (Note: Only one location is printed; however, all locations will be verified.)

Work Location Name:	KENTUCKY STATE POLICE, POST 20				
Address:	852 OFFICER WAY				
City:	CITY	State:	KY	Zip:	44444
Work Phone Number:	(555) 564-0123				

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Step 10: Print out the APPLICATION FORM FOR ACCESS TO KASPER DATA and Terms of Account Use documents from within the Adobe window:

http://ekASPER2010/Delegate/DelegateShow.aspx?id=5 - Internet Explorer

Print file (Ctrl+P)

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APPLICATION FORM FOR DELEGATE ACCESS TO KASPER DATA- PAGE 1

PERSONAL INFORMATION Account Req #: 87280

Tools Sign Comment

▼ I Need to Sign

Fill & Sign

- Add Text
- Add Checkmark
- Place Initials

NOTE: A third page of instructions accompanies the application, explaining what to do with the printed documents.

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Step 11: The Delegate Request screen has now changed to the confirmation screen:

Contact Us | Log Out

Confirmation

87280 is this delegate's Account Request Number

Please have the delegate add ekASPERHelp@ky.gov to their email address book so that they receive your emails with username assignment and password. Advise the delegate that if they do not receive these messages within 7 days, they should contact the eKASPER Help Desk at the email address above or by phone at (502) 564-2703. Remember that both you and your delegate must sign the application, Terms of Account Use and mail all supporting documentation according to the instructions within 90 days.

Remember that both you and your delegate must sign the application, Terms of Account Use and mail all supporting documentation according to the instructions within 90 days.

[Submit another delegate request](#)

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Step 12: You may now either: [Submit another delegate request](#) OR, [Log Out](#)