The Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Prescription Monitoring Program
250 Washington Street, Boston, MA 02108-4619
Phone: 617-753-7310 Fax: 617-973-0985

Massachusetts Request for Annual Waiver of Daily Data Submission

In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C

Pharmacies that do not dispense Controlled Substances in Schedules II-V, or any additional drugs that the Department has determined must be reported to the PMP, may complete this form to request a waiver of the requirements that pharmacies must report to the PMP. If a pharmacy receiving this waiver nevertheless dispenses from Schedules II-V or any additional drug required for submission to the PMP by the Department, the waiver will not apply to such activity. The pharmacy will be required to report such dispensing to the PMP. Please submit to the Department by July 1st of each year via email to: mapmp.dph@mass.gov

Business Type (select one):	**Please provide all applicable license number(s) for your facility:**
☐ MA Pharmacy ☐ Out of State Pharmacy ☐ VA Pharmacy ☐ Mail Order Pharmacy	☐ National Provider Identifier (NPI): ☐ Drug Enforcement Administration (DEA): ☐ Massachusetts Board of Pharmacy (MBOP):
Reason for Waiver:	
Waiver Status: ☐Renewal ☐New Request	

Business Information	
Business Name: Business Address:	Facility Name (if applicable): City: State: ZIP:
Business Phone: ( ) - - Ext:	Business Website:
Business Contact Name:	
Business Contact Phone: ( ) - - Ext:	
Business Email Address:	

Pharmacist In Charge (PIC)
PIC Name:
PIC Phone: ( ) - - Ext:
PIC Email Address:

IT/ Software Vendor (if applicable)
Vendor Name:
Vendor Product Name/Version:
Primary Contact for Software Vendor:
Vendor Phone: ( ) - - Ext:
Vendor Email Address:

I hereby certify that the information on this application is true to the best of my knowledge and that my pharmacy does not dispense
any controlled substances that must be reported to the PMP.

Requesting Authority:

Name:	Signature:	Date:

DPH USE ONLY

Approved by:	Signature:	Date:

For additional information on pharmacy exemptions please visit: www.mass.gov/dph/dcp/pmp or contact the PMP by telephone: 617-753-7310.