The Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Prescription Monitoring Program
239 Causeway Street, Suite 500, Boston, MA 02114
Phone: 617-753-7310 Fax: 617-973-0985

Massachusetts Request for Waiver of Daily Data Submission for Pharmacies ***Not*** Open 7 Days a Week

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

Pharmacies that are not open 7 days a week to 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 every day. Pharmacies must indicate which days of the week they are open and will report to the PMP. Please submit to the Department by July 1st of each year via email to: mapmp.dph@State.MA.US

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):
Pharmacy Days of Operation (select all days that your pharmacy is open to dispense): ☐ *Sunday* ☐ *Monday* ☐ *Tuesday* ☐ *Wednesday* ☐ *Thursday* ☐ *Friday* ☐ *Saturday*	

Business Information	
Business Name: Business Address:	Facility Name (if applicable): City: 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 on the days that my pharmacy is not open.

Requesting Authority:

Name:	Signature:	Date:

DPH Personnel

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.