



**MASSACHUSETTS DRUG CONTROL PROGRAM**  
**PETITION FOR TIME-LIMITED WAIVER OF EPREScribing REQUIREMENTS**  
**PURSUANT TO 105 CMR 721.075**  
**INITIAL AND RENEWAL REQUESTS**

Form for waiver petitions made pursuant to 105 CMR 721.075:

[www.mass.gov/regulations/105-CMR-72100-standards-for-prescription-format-and-security-in-massachusetts](http://www.mass.gov/regulations/105-CMR-72100-standards-for-prescription-format-and-security-in-massachusetts)

Waiver petitions must be submitted via email: [dcp.dph@state.ma.us](mailto:dcp.dph@state.ma.us)

This waiver petition must be signed by the MCSR registrant.

- If the MCSR is held by an individual practitioner or researcher, the application must be signed by the individual who holds the MCSR.
- If the MCSR is held by a healthcare facility, the application must be signed by an individual authorized to make the required representations on behalf of the facility.

|   |                    |
|---|--------------------|
| Initial Petition  | Yes _____ No _____ |
| Renewal Petition  | Yes _____ No _____ |
| Name of Registrant  |                    |
| MCSR Number   |                    |
| email Address:  |                    |
| Phone Number:   |                    |
| Contact Name and Title<br>(for health care facility applicants) |                    |



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Please answer each of the four (4) questions set out below in a concise and complete manner. If you do not provide a response to all four (4) questions, your petition will be denied.

If you need more space than provided below, please attach additional pages, and any supporting materials. Please include the registrant name and MCSR number on each attached additional page.

1. Explain why compliance with the specified section of 105 CMR 721.020(A) will impose a demonstrable economic hardship on the registrant OR why compliance is prevented by technical limitations which are not reasonably within the registrant's control; OR other exceptional circumstances excusing compliance.
  
2. Specify the period of time, not to exceed a year, for which the waiver is requested, and explain why this period of time is required. Please address how the issue affecting compliance will be resolved within the time frame requested. If the issue affecting compliance will not be resolved by the end of the requested time period, please so state.
  
3. Please explain why the registrant's non-compliance with 105 CMR 721.020(A) does not jeopardize the health or safety of individuals or the public.
  
4. Please explain the compensating measures you intend to employ to protect the health and safety of individuals in place of 105 CMR 721.020.



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Before acting upon any petition, the Drug Control Program may request a personal meeting with the registrant to determine whether the issuance of a waiver will be in the best interest of the public health, welfare, and safety. The registrant understands that if such a meeting is necessary to process the application, DCP will contact the registrant at the email address provided on this application.

I certify under penalty of perjury under the laws of the Commonwealth of Massachusetts that the information and statements contained in this petition for waiver are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If signing on behalf of a health care facility, complete the following:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
MCSR (facility)