



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 Temporary Waiver of Daily Data Submission**

In Accordance with the Controlled Substances Act, M.G.L. Chapter 94C Pharmacies that are not able to submit dispensing data to the Department due to unforeseen or emergency/disaster situations, must submit the completed form via email to: [mapmp.dph@mass.gov](mailto:mapmp.dph@mass.gov) in order to remain in compliance reporting obligations to the PMP. (M.G.L. c. 94C, §24A)

<b>Business Type (select one):</b> <input type="checkbox"/> MA Pharmacy <input type="checkbox"/> Out of State Pharmacy <input type="checkbox"/> VA Pharmacy <input type="checkbox"/> Mail Order Pharmacy	<b>Please provide all applicable license number(s) for your facility:</b> <input type="checkbox"/> National Provider Identifier (NPI): <input type="checkbox"/> Drug Enforcement Administration (DEA): <input type="checkbox"/> Massachusetts Board of Pharmacy (MBOP):
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Date of Emergency/Disaster:	Expected Date of Resolution:
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Reason for filing a Temporary Exemption:

**Business Information**

Business Name:	Facility Name (if applicable):
Business Address:	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 I will comply with all applicable rules and regulations promulgated by the Department of Public Health.*

Requesting Authority:

Name:	Signature:	Date:
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DPH Personnel

Approved by:	Signature:	Date:
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