



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 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@State.MA.US in order to remain in compliance reporting obligations to the PMP.

(M.G.L. c. 94C, §24A)

Business Type (select one): <input type="checkbox"/> MA Pharmacy <input type="checkbox"/> Out of State Pharmacy <input type="checkbox"/> VA Pharmacy <input type="checkbox"/> Mail Order Pharmacy	Please provide all applicable license number(s) for your facility: <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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