****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)

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

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

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| **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: |

*DPH Personnel*

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| 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.