Massachusetts Board of Registration in Pharmacy
250 Washington Street
Boston, MA 02108-4619
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Petition for Waiver

New license applicants or current licensees may submit a Petition for Waiver from a Board of Registration in Pharmacy ("Board") regulation or policy in accordance with 247 CMR 14.00. New license applicants may submit the Petition for Waiver with their application. Current licensees may submit the petition by email.

Name of Applicant / Licensee _____

License No. (N/A for new applicant) _____

Street Address _____

City/Town _____ State_____ Zip Code _____-____

Tel. No. _____ E-mail_____

Regulation / Policy Requested to be Waived

Note: For each regulation / policy requested to be waived, a separate Petition for Waiver must be submitted.

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(*Example: 247 CMR 6.07 (2): A pharmacist Manager of Record shall not be the Manager of Record of more than one pharmacy or pharmacy department at a time.)*

Petitions for Waiver may be approved for up to 5 years, unless otherwise determined by the Board.

Is this an initial or renewal request? □ initial □ renewal

If this is a renewal request, please provide the original date of approval _____

(Note: Unless and until the Board grants a subsequent waiver, the licensee must comply with all regulations after a waiver expires.)

Required Supporting Documentation

Please answer the following questions in a concise and complete manner. Submit the Petition(s) for Waiver and all supporting documents together.

1. Explain why the regulation / policy should not apply to the petitioner.

2. Explain why there is a compelling public interest which would be served by granting the waiver.

3. Explain why adherence to the regulation / policy would be impractical and unduly burdensome and what other sufficient practices are in place.

4. For a facility, provide a comprehensive statement of the policies and procedures of the proposed operation, including safeguards to protect the public health, welfare, and safety without the petitioner's compliance with the requirement.

5. Provide a copy of approved original waiver if applicable.

Before acting upon any petition, the petitioner may be required to personally appear before the Board so that the Board may determine whether the issuance of a waiver would be in the best interest of the public health, welfare, and safety.

For a pharmacy, a Petition for Waiver must be signed by the licensed pharmacist who is responsible for the management and operation of the pharmacy. Any granted Petitions for Waiver for a facility must be readily retrievable and available during Board Inspections.

I certify under the penalties of perjury that the information provided is truthful, complete, and for lawful and honest purposes.

_____

Printed Name of Contact Person / Manager of Record / Designated Pharmacist-in-Charge

_____

License No. (if applicable)

_____

Signature Date

BOARD OF PHARMACY USE ONLY

Date received:	
To be heard by:	☐ Board of Pharmacy ☐ Board Delegated Review
Date approved:	
Date of expiration:	
If not approved, date of denial:	
Date notification sent to petitioner:	

_____

Executive Director or Designee Signature