****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 in order to remain in compliance reporting obligations to the PMP. (M.G.L. c. 94C,§24A)

|  |  |
| --- | --- |
| **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:       |

|  |
| --- |
| **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: |

*DPH Personnel*

|  |  |  |
| --- | --- | --- |
| 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.