

DISPENSER WAIVER / EXEMPTION FORM

Please provide the information requested below. (Print or Type) Use full name not initials. Also, changes in pharmacy or other dispenser status or Connecticut Department of Consumer Protection regulations may require pharmacies/dispensers to resubmit a waiver / exemption form.

NAME OF DISPENSER

CONNECTICUT REGISTRATION/LICENSE NO.

ADDRESS

CITY STATE ZIP

TELEPHONE EMAIL ADDRESS

NAME OF PHARMACIST IN CHARGE (PHARMACY ONLY)

LICENSE NUMBER OF PHARMACIST IN CHARGE (PHARMACY ONLY)

S I G N A T U R E

APPLICANT SIGNATURE

Date

For Department Use Only

Date Received

Approved

Disapproved

Director or Designee Signature

Date of Action



REASON FOR WAIVER / EXEMPTION (Check appropriate box(es) below, add text for explanation)

Hardship created by a natural disaster or other emergency beyond the control of the permit holder.

Please provide description:

This dispenser does not hold a Controlled Substance registration with Drug Enforcement Administration.

This dispenser does not dispense Schedule II, III, IV, and V controlled substances.

This dispenser does not dispense gabapentin drugs; or gabapentin drugs for greater than 48 hours.

The dispenser is exempt from reporting according to Connecticut General Statute: Chapter 400j. State exemption(s).

Other: Please provide description below or provide information as a separate attachment.