

## 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)

### SIGNATURE

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.

Email form to [dcp.pmp@ct.gov](mailto:dcp.pmp@ct.gov) or fax to (860) 622-2608: State of Connecticut Department of Consumer Protection Prescription Monitoring Program, 450 Columbus Blvd, Suite 901, Hartford, CT 06103, Telephone: (860) 713-6073