



Florida's Prescription Drug Monitoring Program

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NOTIFICATION OF EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	Zip Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, F.S., awaiting issuance of a Drug Enforcement Administration registration number.			
<input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(5), Florida Statutes (check claimed exemption):			
<input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.			
<input type="checkbox"/> A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.			
<input type="checkbox"/> A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.			
<input type="checkbox"/> A practitioner when administering a controlled substance in the emergency room of a licensed hospital.			
<input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.			
<input type="checkbox"/> A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.			
Reason for request of waiver from electronic reporting: (Check all that apply below)			
(NOTE: A PAPER Universal Claim Form (UCF) report is still required to be submitted weekly)			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF)			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:			
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action
Notes:			