



**Georgia Prescription Drug Monitoring Program**

Georgia Drugs & Narcotics Agency

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**REQUEST FOR AN EXEMPTION OR WAIVER FROM ELECTRONIC REPORTING**

Section 1			
Please provide the information requested below. (Print or Type) Use full name, not initials.			
Name of Dispenser		License or Permit Number	
Street Address		City	
State	Zip Code	Area Code & Telephone Number	
Name of PIC (Pharmacy Only)		GA License Number of PIC (Pharmacy Only)	
Signature of PIC		Date	
Section 2			
<b>Reason for request of exemption from electronic reporting: (Check all that apply below)</b>			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substance of Schedules II, III, IV, or V.			
<input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder.			
<input type="checkbox"/> Other hardship: Please provide description below or provide information as a separate attachment.			
<b>Reason for request of waiver from electronic reporting: (Check all that apply below)</b>			
<input type="checkbox"/> Dispenser does not have an automated recordkeeping system.			
<input type="checkbox"/> Other:			
Section 3 (For Department Use Only)			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of Action
Notes:			

Please Note: Any change in Section 2 of this form will require the dispenser to resubmit a waiver/exemption form