



Georgia Prescription Drug Monitoring Program

Georgia Drugs & Narcotics Agency

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Atlanta, GA 30334

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REQUEST FOR AN EXEMPTION OR WAIVER FROM ELECTRONIC REPORTING

(email your signed request to GAPDMP@gdna.ga.gov)

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 RPH Number (Pharmacy Only)	
Signature of PIC	Date	
Section 2		
Reason for request of exemption from electronic reporting: (Check all that apply below)		
<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.		
Reason for request of waiver from electronic reporting: (Check all that apply below)		
<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