



# **Georgia Prescription Drug Monitoring Program**

Georgia Drugs & Narcotics Agency

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Atlanta, GA 30303

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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**

**Reason for request of exemption from electronic reporting request: (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 request: (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	Director or Designee Signature	Date of Action
	<input type="checkbox"/> Disapproved		

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