



Scott Walker, Governor
Dave Ross, Secretary

EXEMPTION FROM THE DATA COLLECTION AND SUBMISSION REQUIREMENTS

Instructions:

- Provide the information requested below.
 - Initial Applications for exemption status must include all applicable information.
 - Applications to renew your exemption status must be signed and include your name and state license number.
- Applications that do not contain required information and/or are unsigned will not be processed.
- Mail, fax, or e-mail the completed application to the Wisconsin PDMP:

Mailing Address:

Prescription Drug Monitoring Program
 PO Box 8366
 Madison, WI 53708-8366

Fax Number:

608-267-3816

E-Mail Address:

PDMP@wisconsin.gov

Name of License Holder		WI License Number	License Type	DEA Number (if applicable)
Street Address			City	
State	ZIP Code	Phone Number (with Area Code)		E-Mail Address
Name of Managing Pharmacist (Pharmacy only)		License Number of Managing Pharmacist (Pharmacy only)		
<p>By signing this form, I certify that:</p> <ol style="list-style-type: none"> 1) I am or represent the license holder identified above. 2) The license holder identified above does not dispense ANY monitored prescription drugs to patients in Wisconsin. <p>“Dispense” means to deliver a prescribed monitored prescription drug to a patient by or pursuant to the prescription order of a practitioner, including the compounding, packaging or labeling necessary to prepare the prescribed drug or device for delivery. However, a licensee does NOT dispense a monitored prescription drug if he or she administers it directly to a patient or if he or she merely writes a prescription to be filled elsewhere.</p> <p>“Monitored prescription drugs” are:</p> <ul style="list-style-type: none"> • State Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed; • Federally Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed; • Tramadol, a drug identified by the PEB as having a substantial potential for abuse. <ol style="list-style-type: none"> 3) If the license holder identified above dispenses a monitored prescription drug to a patient in Wisconsin, I will notify the PDMP and begin submitting data to the PDMP as required by law. 4) I understand that if this application is denied or an exemption granted to me expires, I am responsible for collecting and submitting data to the PDMP as required by law. 				
Signature				Date

For Office Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Initials	Date of Action