WI PRESCRIPTION DRUG MONITORING PROGRAM
PO Box 8935 | Madison, WI 53708 | Phone: 608.266.2112 | Fax: 608.267.3816
E-Mail: PDMP@wisconsin.gov | Website: http://dsps.wi.gov/PDMP
Governor Scott Walker
Secretary Dave Ross

APPLICATION FOR A WAIVER OF THE ELECTRONIC REPORTING REQUIREMENTS

Instructions:

- Provide the information requested below. Incomplete and/or unsigned applications will not be processed.
- Mail, fax or e-mail the completed application to the Wisconsin PDMP:

Mailing Address:
Prescription Drug Monitoring Program
PO Box 8935
Madison, WI 53708

Fax Number:
608-267-3816

E-Mail Address:
PDMP@wisconsin.gov

DISPENSER/PHARMACY INFORMATION			
Name of Dispenser/Pharmacy	WI Credential Number	Credential Type	DEA Number (if applicable)
Street Address	City		
State	ZIP Code	Phone Number, including Area Code	E-Mail Address
Name of Managing Pharmacist (Pharmacy only)	WI Credential Number of Managing Pharmacist (Pharmacy only)		
Reason for applying for a waiver of the electronic reporting requirements:			

By signing this form, I certify that :

1) I represent the dispenser identified above.

2) The dispenser identified above will submit information to the PDMP on the claim form identified by the Pharmacy Examining Board. The claim form is available at: http://dsps.wi.gov/PDMP.

3) The dispenser identified above will submit a "zero report" to the PDMP for each reporting period during which it did not dispense any monitored prescription drugs to a patient in Wisconsin.

4) I understand that the dispenser identified above remains bound by the reporting period requirements, which means that it will submit information to the PDMP within 7 days, or 90 days for veterinarians, of dispensing a monitored prescription drug to a patient in Wisconsin.

Signature	Date

For Office Use Only			
Date Received	☐ Approved ☐ Denied	Initials	Date of Action