

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: [License.wi.gov](http://license.wi.gov)
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST INFORMATION SHEET

Under § 450.02(3m), Stats., the Board may grant a variance to a requirement in statute or rule if all of the following are true:

1. A natural or man-made disaster or emergency exists or has occurred.
2. The variance is necessary to protect the health, safety, or welfare.

A variance is for a stated term not to exceed 90-days, unless the Board extends the variance due to an extension and is necessary to protect the public health, safety, or welfare.

To request a variance with the state of Wisconsin Pharmacy Examining Board, please submit the Pharmacy Variance Request (**Form #2867**) to the Department of Safety and Professional Services, Pharmacy Examining Board. All variance requests must be submitted and then approved by the Board.

This application must include the following:

- Pharmacy's DBA name, location, and license number.
- Contact person with a phone number if the Board has further questions.
- Specific administrative rule and variance requested.
- Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule.

The natural or made-made disaster or emergency necessitating the variance. Specifically identify how the proposed variance will protect the public health, safety, and welfare, including specifically each step in the prescription order handling/dispensing process (**security, workflow delineation and accountability, and pharmacist supervision over each step in the process**).

Note: A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued, the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location. The pharmacy must discontinue any specific act or practice the variance allows at the expiration date of the variance.

If any specific act or practice for which a variance was granted is subsequently proposed to be modified the Board must be notified first and a new variance obtained for that modified act or practice.

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PHARMACY EXAMINING BOARD

PHARMACY VARIANCE REQUEST FORM

If any specific act or practice for which a variance was previously granted is subsequently proposed to be modified, the Board must be notified first and a new variance obtained from the Board for that modified act or practice.

Choose Types: Pharmacy is a: Community or Institutional

Pharmacy FEIN Number:

-

Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.

Current WI Pharmacy License Number:

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Pharmacy DBA Name: (name or title under which business is operated, this must be the name on the pharmacy label)

Business Telephone Number:

- -

Business Fax Number:

- -

Pharmacy Physical Address: (number, street, city, state, zip code)

Pharmacy Mailing Address: (number, street, city, state, zip code)

Email Address

Contact Daytime Telephone Number: (if different than the one provided above)

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Do you wish to appear before the Board for questions? Yes No

A variance that is granted by the Board is only valid for the specific licensed pharmacy location to which the variance applies and for the specific acts to which the variance applies at that location. If any specific act or practice for which a variance was granted is subsequently discontinued the Board must be notified in order that the variance can be rescinded for that specific licensed pharmacy location.

Indicate the specific administrative rule and variance requested. (List all administrative codes below that apply.)

WI Administrative Rule

Variance Requested

Wisconsin Department of Safety and Professional Services

Explain why the variance is necessary and specifically indicate how the requested activity or practice will differ from what is authorized by the rule. **(Attach a description to this form.)**

- a. The natural or made-made disaster or emergency necessitating the variance.
- b. Specifically identify how the proposed variance will protect the public health, safety, and welfare, including specifically each step in the prescription order handling/dispensing process (**security, workflow delineation and accountability, and pharmacist supervision over each step in the process**).

I declare that the foregoing statements are true and correct to the best of my/our knowledge and belief; the variance applied for is to cover only the pharmacy indicated above and at the location(s) specified; and that I/we will comply with the provisions of the Wisconsin Statutes and the Rules of the Pharmacy Examining Board.

 / /

Managing Pharmacist Signature (If unable to provide a digital signature print and sign form.)

Date

WI Pharmacy License Number

Printed Name