



**Kansas Prescription Monitoring Program**

Kansas Board of Pharmacy  
 800 SW Jackson, Room 1414  
 Topeka, KS 66612  
 Telephone: (785) 296-4056  
 Fax: (785) 296-8420

**REQUEST FOR A WAIVER FROM ELECTRONIC REPORTING**

<b>Please provide the information requested below. (Print or Type) Use full name not initials.</b>		
Name of Dispenser	License or Permit Number	
Street Address	City	
State	Zip Code	Area Code and Telephone Number
Name of PIC	KS License Number of PIC	
Signature:	Date:	

<p><b>Reason for request of waiver from electronic reporting request: (Check all that apply below)</b>  <b>(PAPER Universal Claim Form is still required to be submitted weekly)</b></p> <p><input type="checkbox"/> Dispenser does not have an automated recordkeeping system (must report on UCF)</p> <p><input type="checkbox"/> Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:</p> <p><input type="checkbox"/> Dispensing in a controlled research project approved by an accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.</p> <p><input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.</p>
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<b>For Department Use Only</b>			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of Action
Notes:			

**Please Note: Changes in dispenser status or Kansas Prescription Monitoring Program regulations may require dispensers to resubmit a waiver/exemption form.**