



**Kansas Prescription Monitoring Program**

Kansas Board of Pharmacy  
800 SW Jackson, Suite 1414  
Topeka, KS 66612  
Telephone: (785) 296-4056  
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**NOTICE OF EXEMPTION FROM REPORTING**

<b>Please provide the information requested below. (Print or Type) Use full name not initials.</b>		
Name of Dispenser (Pharmacy) or Prescriber		KS Permit or License Number (required)
Street Address		NCPDP Number
City/State/Zip Code		DEA Number
Name of PIC (Pharmacy only) or Authorized Agent (Please Print)		Phone Number Including Area Code (required)
Effective Date	Federal Employer ID Number (FEIN)	E-mail Address

<b>Reason for exemption from reporting: (Check all that apply below)</b>
<input type="checkbox"/> Dispenser is a medical facility that dispenses and interim quantity of a substance on an outpatient emergency basis (the quantity may not exceed a 48 hour supply).
<input type="checkbox"/> Dispenser or prescriber NEVER dispenses ANY controlled substances II, III, IV, or drugs of concern in the state of Kansas.
<input type="checkbox"/> Other: Please provide description below or provide information as a separate attachment.

<b>AUTHORIZED AGENT SECTION</b>
<p>I certify under penalty of perjury under the laws of the State of Kansas that the information provided on this form, including supporting documentation, is true and correct and that the above named dispenser is licensed/registered to practice in the State of Kansas. I understand that it is the responsibility of the prescriber or dispenser named above to notify the Board immediately if (1) there is a change in the dispensing status stated above or (2) the dispenser or prescriber named above begins dispensing schedule II, schedule III, or schedule IV drugs or drugs of concern in Kansas or to an address in Kansas.</p> <p>_____</p> <p>SIGNATURE OF PIC OR AUTHORIZED AGENT</p> <p>_____</p> <p>DATE</p>