



Kansas Prescription Drug Monitoring Program
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K-TRACS
Notice of Exemption from
Reporting
Form K-10

INSTRUCTIONS

All forms must be typed, be complete, and include all supporting documentation before they will be processed.

DISPENSER INFORMATION

Name		Kansas Registration Number (if assigned)	
Address			Phone
City	State	Zip	
Email			
Effective Date of Exemption		DEA Number	

REASON FOR EXEMPTION FROM REPORTING (check all that apply)

Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis. (The quantity may not exceed a 48-hour supply.)

Dispenser NEVER dispenses ANY controlled substances II, III, IV, or drugs of concern in the state of Kanas.

Other: Please provide description below or as a separate attachment.

CERTIFICATION

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 controlled substances II, III, IV, or drugs of concern in Kansas or to an address in Kansas.

 SIGNATURE OF PIC OR AUTHORIZED AGENT

 DATE SIGNED

 PRINTED NAME