



Kansas Prescription Drug Monitoring Program
800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
Ph: (785) 296-6547 Fax (785) 296-8420
Please submit form to: pmpadmin@ks.gov

K-TRACS
Request for Exemption
from Reporting
Form K-10

INSTRUCTIONS

Please use the [online exemption request form](#) for initial exemption requests and annual renewals. Use this form when satisfying the requirements of the BA-50 to recertify an exemption following a change in Pharmacist in Charge. All forms must be typed, be complete, and include all supporting documentation before they will be processed. This form must be signed by the Pharmacist in Charge. Dispensers must continue reporting to K-TRACS while waiting on a determination of exempt status.

DISPENSER INFORMATION

Name		Kansas Registration Number (if assigned)	
Address		Phone	
City	State	Zip	
Email		DEA Number	

A. EXEMPTION FROM ALL REPORTING REQUIREMENTS

This exemption allows dispensers to waive all reporting requirements described in K.A.R. 68-21-2. **(skip if applying for Section B exemption)**

INDICATE REASON FOR EXEMPTION (check all that apply)

<input type="checkbox"/> Dispenser is a licensed hospital pharmacy that distributes scheduled substances and drugs of concern for the purposes of <u>inpatient hospital care only</u> .
<input type="checkbox"/> Dispenser is a medical care facility, practitioner or other authorized person who <u>only administers</u> scheduled substances and drugs of concern to patients.
<input type="checkbox"/> Dispenser is a medical care facility that <u>only</u> provides an interim supply of a scheduled substance or drug of concern to an outpatient on an emergency basis and the interim quantity does not exceed a 48-hour supply and is limited to an amount sufficient to supply the outpatient's needs until a prescription can be filled in accordance with K.A.R. 68-7-11.
<input type="checkbox"/> Dispenser does not dispense scheduled substances or drugs of concern in the state of Kansas or to an address in this state. Please answer the following questions: <input type="checkbox"/> Yes <input type="checkbox"/> No Have you submitted at least 3 months' worth of dispensations and/or zero reports to Kansas or attached a copy of your dispensing records for the past 3 months? <u>Nonresident Pharmacies Only:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No Is your pharmacy registered in other states? If yes, please provide a list. <input type="checkbox"/> Yes <input type="checkbox"/> No Are you exempt from PDMP reporting requirements in any of those states? If yes, please provide a list. <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received any written reprimand, censure or other disciplinary action related to PDMP reporting in other states? If yes, please provide a copy of each.

B. EXEMPTION FROM ZERO REPORTING REQUIREMENTS (skip if applying for Section A exemption)

This exemption allows dispensers to waive the requirement to zero report for days in which no dispensations occur. Dispensers still must report all dispensations of scheduled substances and drugs of concern within 24 hours of dispensation (K.A.R. 68-21-2). Dispenser must meet both criteria listed below to qualify for an exemption.

INDICATE REASON FOR WAIVER

<input type="checkbox"/> Dispenser has a volume of scheduled substances and drugs of concern that does not exceed 10 prescriptions sold per month
<input type="checkbox"/> Dispenser does not have the ability to automate zero report submissions

COMMENTS

Please provide any comments related to your exemption request that the state should consider.

See page 2 for additional details >>

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 scheduled substances or drugs of concern in Kansas or to an address in Kansas.

SIGNATURE OF PHARMACIST IN CHARGE

DATE SIGNED

PRINTED NAME

OFFICE USE ONLY

Approved Denied Initials: _____ Date: