



New Jersey Office of the Attorney General

Division of Consumer Affairs
Prescription Monitoring Program
124 Halsey Street, 3rd Floor, P.O. Box 47014
Newark, New Jersey 07101

Exemption/Waiver Application

Please print CLEARLY. You must answer all of the questions on this form.

Name of pharmacy: _____

Pharmacy permit number: _____ E-mail address: _____

Pharmacy address: _____
Street Address City State ZIP Code

Telephone number: _____ NPI number: _____
(include area code)

Name of pharmacist-in-charge: _____

Name and title of person submitting application: _____

Application for Exemption

Based on the following, I request an exemption from the reporting requirements of the Prescription Monitoring Program:

- The pharmacy does not dispense Schedule II, III, IV or V controlled dangerous substances, human growth hormone or gabapentin products.
- The pharmacy dispenses Schedule II, III, IV and V controlled dangerous substances, human growth hormone or gabapentin products **only** to inpatients in a hospital, long-term care or other facility in which the residents are provided with 24-hour nursing care.

Application for Waiver

Based on the following, I request a waiver from the electronic submission requirements of the Prescription Monitoring Program:

- Financial hardship or other good cause prevents the pharmacy from electronically submitting required prescription information to the Division. *Please provide a brief description below, or submit a separate document, detailing the reason(s) you are unable to comply with the electronic submission requirement, and describe how you will submit the required information.*

Unless otherwise limited by the Division, an exemption or waiver granted by the Division shall be valid for one year from the date it is issued. If during this one-year period, the conditions which necessitated the exemption or waiver no longer exist, the pharmacy shall notify the Division, and the exemption or waiver shall become void. If the reasons necessitating the exemption or waiver persist beyond the one-year period, the pharmacy shall apply to the Division for a renewal of the exemption or waiver.

I certify that all of the information provided in this Exemption/Waiver Application is true to the best of my knowledge, information and belief, and acknowledge that failure to provide accurate and true information may result in disciplinary action or the imposition of civil penalties.

Signature of Applicant

Date

Please e-mail this completed form to the New Jersey Prescription Monitoring Program at NJPMP@dca.njoag.gov .