

WAIVER FROM ELECTRONIC REPORTING

Pharmacy Information:

Name of Pharmacy:	
Pharmacy's Arizona License Number:	
Street Address:	
State:	Zip:
Pharmacist in Charge (PIC):	
PIC License Number:	
PIC Email Address:	
Pharmacy Phone Number:	

Reason for exemption/waiver request:

- This dispenser holds a DEA Registration but does not dispense controlled substances to Arizona patients.
- This dispenser does not hold a DEA Registration.
- Other:

I attest that if this pharmacy begins stocking and dispensing controlled substances to Arizona patients, the pharmacy will immediately notify the CSPMP and begin providing data to the program including zero reports. In addition, if the pharmacy has a change in PIC then a new waiver will need to be approved.

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Signature of PIC

Date

For CSPMP Department  
Use Only:

Date Received:	Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Action:	<input type="checkbox"/> Notified <input type="checkbox"/> Appriss	Initials:
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