



# Arkansas Department of Health

4815 West Markham Street • Little Rock, Arkansas 72205-3867 • Telephone (501) 661-2000  
Governor Asa Hutchinson  
José R. Romero, MD, Secretary of Health

## Prescription Drug Monitoring Program: Pharmacy Waiver Application Form

Name of Pharmacy:

Name of Pharmacist-in-charge:

Name and title of person submitting application:

Pharmacy address:

Telephone number:

Arkansas License Number:

DEA number (if applicable):

Statement indicating why you will receive a waiver:

### Signature Attestation

I certify that the above information provided in this waiver application is true to the best of my knowledge, information and belief. If the above pharmacy begins to dispense controlled substances, I will notify the AR PDMP via email or telephone prior to dispensation.

X

Signature

X

Date

Please email the completed waiver form to Jazalyn Vera-Bowen, PDMP Health Program Specialist II at [Jazalyn.Vera-Bowen@arkansas.gov](mailto:Jazalyn.Vera-Bowen@arkansas.gov)

For questions, please call: (501) 534-6118