



Arkansas Prescription Drug Monitoring Program Pharmacy Waiver Application Form

Name of Pharmacy:

Name of Pharmacist-in-charge:

Name and title of the person applying for a waiver:

Pharmacy address:

Telephone number:

Arkansas License Number:

DEA number (if applicable):

A statement indicating why you will receive a waiver:

Signature Attestation

This exemption allows dispensers to waive the requirement to submit zero reporting for days in which no dispensations occur.

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 before dispensing.

Signature

Date

Please email the completed waiver form to Jamie Turpin, PDMP Administrator, for processing. Email: jamie.turpin@arkansas.gov. For questions, please call: (501) 683-3960.

Arkansas Department of Health
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