COMMONWEALTH OF VIRGINIA

Department of Health Professions

Prescription Monitoring Program

9960 Mayland Drive, Suite 300
Richmond, VA 23233-1463
Phone: (804) 367-4514
Fax: (804) 527-4470
Email: pmp@dhp.virginia.gov

REQUEST FOR A WAIVER OR AN EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials

Name of Dispenser	**License or Permit Number**	**DEA Registration Number**
Street Address	**City**	
State	**Zip Code**	**Area Code and Telephone Number**
Email Address: Point of Contact	**Name of PIC (Pharmacy only)**	**Virginia License Number of PIC (Pharmacy only)**
Signature:	**Date:**	

Reason for approval of exemption/waiver request: (Check one box below)

☐ **Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please provide description:**

☐ **Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency. Please attach a description of the research project.**

☐ **This pharmacy or practitioner dispenses no Schedule II, III, IV or V controlled substances, naloxone, drugs of concern, or cannabis products.**

☐ **This pharmacy or practitioner is exempt from reporting according §54.1-2522 of the Code of Virginia. State exemption(s)**

☐ **Other: Please provide description below or provide information as a separate attachment.**

For Department Use Only

Date Received:	☐ **Approved** ☐ **Disapproved**	**Director or Designee Signature:**	**Date of Action:**