



**New Jersey Office of the Attorney General**  
 Division of Consumer Affairs  
 Prescription Monitoring Program  
 124 Halsey Street, 7th Floor, P.O. Box 45027  
 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: \_\_\_\_\_

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 or human growth hormone.
- The pharmacy dispenses Schedule II, III, IV and V controlled dangerous substances or human growth hormone **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

Mail this form to the Prescription Monitoring Program at P.O. Box 45027, Newark, New Jersey 07101 or submit it electronically at [www.njconsumeraffairs.gov](http://www.njconsumeraffairs.gov).