



# WI PRESCRIPTION DRUG MONITORING PROGRAM

PO Box 8935 | Madison, WI 53703 | Phone: 608.266.2112 | Fax: 608.267.3816

E-Mail: [PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov) | Website: <http://dsps.wi.gov/PDMP>

**Governor Scott Walker**

**Secretary Dave Ross**

## APPLICATION FOR AN EMERGENCY WAIVER OF THE 7-DAY DATA SUBMISSION REQUIREMENT

### Instructions:

- Provide the information requested below. Incomplete and/or unsigned applications will not be processed.
- Mail, fax or e-mail the completed application to the Wisconsin PDMP:

### Mailing Address:

Prescription Drug Monitoring Program  
 PO Box 8935  
 Madison, WI 53708

### Fax Number:

608-267-3816

### E-Mail Address:

[PDMP@wisconsin.gov](mailto:PDMP@wisconsin.gov)

Name of Dispenser/Pharmacy		WI Credential Number	Credential Type	DEA Number
Street Address			City	
State	ZIP Code	Phone Number (with Area Code)	E-Mail Address	
Name of Managing Pharmacist (Pharmacy only)		WI Credential Number of Managing Pharmacist (Pharmacy only)		
Reason Dispenser is applying for an Emergency Waiver				
Extension Period (select one): Request an additional 7 days to submit the data Request until this date to submit the data: __ / __ / ____				
By signing this form, I certify that:  1) I am or represent the Dispenser identified above.  2) The reason that the Dispenser is unable to submit data during this reporting period that I describe above is complete and true, and beyond the Dispenser's control.  3) I understand that, unless the Board indicates otherwise in writing, the Dispenser will have an additional 7 days to submit the required data to the PDMP if the Board grants an emergency waiver.				
Signature				Date

### FOR OFFICE USE ONLY

Date Received	Approved Denied	Reporting Period Extended Until	Initials	Date of Action
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