



Scott Walker, Governor
Dave Ross, Secretary

APPLICATION TO CHANGE A DISPENSER'S DATA SUBMISSION STATUS

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 8366
 Madison, WI 53708-8366

Fax Number:

608-267-3816

E-Mail Address:

PDMP@wisconsin.gov

Name of License Holder		WI License Number	License Type	DEA Number (if applicable)
Street Address			City	
State	ZIP Code	Phone Number (with Area Code)	E-Mail Address	

INDICATE THE PURPOSE OF THIS APPLICATION (SELECT ONE BELOW)

THIS APPLICATION IS FOR AN EXEMPTION FROM THE DATA SUBMISSION REQUIREMENTS OF THE WI PDMP.

- The license holder identified above **DOES NOT HAVE** any data to submit to the WI PDMP because the license holder does not dispense **ANY** monitored prescription drugs to patients in Wisconsin.
- If the license holder identified above dispenses a monitored prescription drug to a patient in Wisconsin, I will notify the WI PDMP and begin submitting data to the PDMP as required by law.
- I understand that if this application is denied or a granted exemption expires, I am responsible for collecting and submitting data to the WI PDMP as required by law.

THIS APPLICATION IS FOR A WAIVER OF THE ELECTRONIC REPORTING REQUIREMENT OF THE WI PDMP.

- The license holder identified above **HAS** data to report to the WI PDMP and wishes to submit data to the WI PDMP on the WI PDMP Claim Form, available here: <http://dsps.wi.gov/pdmp/dispenser>.
- The license holder identified above will submit a "zero report" to the PDMP for each reporting period during which it did not dispense any monitored prescription drugs to a patient in Wisconsin.
- I understand that the dispenser identified above remains bound by the reporting period requirements, which means that it will submit information to the PDMP within 7 days of dispensing a monitored prescription drug to a patient in Wisconsin.

BY SIGNING BELOW, I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature	Date
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Name and Title

For Office Use Only			
Date Received	<input type="checkbox"/> Approved	Initials	Date of Action
	<input type="checkbox"/> Denied		

DEFINITIONS:

"Dispense" means to deliver a prescribed monitored prescription drug to a patient by or pursuant to the prescription order of a practitioner, including the compounding, packaging or labeling necessary to prepare the prescribed drug or device for delivery. However, a licensee does **NOT** dispense a monitored prescription drug if he or she administers it directly to a patient or if he or she merely writes a prescription to be filled elsewhere.

"Monitored prescription drugs" are State and Federal Controlled Substances in Schedule II, III, IV or V that require a prescription order to be lawfully dispensed.