Wisconsin Department of Safety and Professional Services
Prescription Drug Monitoring Program
4822 Madison Yards Way
Madison, WI 53705-9100

WISCONSIN | ePDMP

Phone: 608-266-0011
Web: http://pdmp.wi.gov
Email: PDMP@wisconsin.gov

Tony Evers, Governor
Dan Hereth, Secretary

APPLICATION FOR AN EMERGENCY TEMPORARY WAIVER OF THE NEXT BUSINESS DAY 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:
Wisconsin Department of Safety and Professional Services
Prescription Drug Monitoring Program (PDMP)
4822 Madison Yards Way
Madison, WI 53705-9100

Fax Number:
608-251-3017

E-Mail Address:
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: __ / __ / ____ (mm/dd/yyyy)

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 only have an additional 7 days to submit the required data to the PDMP if the Board grants an emergency waiver.

Signature	Date (mm/dd/yyyy)
	__ / __ / ____

FOR OFFICE USE ONLY				
Date Received	Determination	Reporting Period Extended Until	Initials	Date of Action
__ / __ / ____	☐ Approved ☐ Denied			__ / __ / ____