



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:

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 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	
<p>By signing this form, I certify that:</p> <p>1) I am or represent the license holder identified above.</p> <p>2) The license holder identified above does not have any data to submit to the Wisconsin ePDMP because the license holder does NOT dispense any monitored prescription drugs to patients in Wisconsin.</p> <p>3) If the license holder identified above dispenses a monitored prescription drug to a patient in Wisconsin, I will promptly notify the Wisconsin ePDMP and begin submitting data as required by Wisconsin law.</p> <p>4) I understand that if this application is denied or an exemption granted to me expires, I am responsible for collecting and submitting data to the Wisconsin ePDMP as required by Wisconsin law.</p>				
Signature			Date	
			__ / __ / ____	
Name		Title		

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 defined as controlled substances in Schedule II-V or drugs identified by the Controlled Substances Board for having a substantial potential for abuse. "Monitored prescription drug" does not mean a controlled substance that by law may be dispensed without a prescription order.

FOR OFFICE USE ONLY			
Date Received	Determination	Initials	Date of Action
__ / __ / ____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		__ / __ / ____