



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): <input type="checkbox"/> Request an additional 7 days to submit the data <input type="checkbox"/> 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 only 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