



Florida's Prescription Drug Monitoring Program

4052 Bald Cypress Way, Bin C-16

Tallahassee, FL 32399

Phone: (850) 245-4797

Fax: (850) 617-6430

Email: e-forcse@flhealth.gov

NOTIFICATION OF EXEMPTION FROM REPORTING

In accordance with Rule 64K-1.004, Management and Operation of Database, pharmacies and registered dispensing practitioners that do not dispense controlled substances in or into this state must submit a *Notification of Exemption from Reporting* available at www.e-forcse.com. This request must be renewed on the *Renewal of Notification of Exemption from Reporting*, DH8018-PDMP, effective 7/18, or before February 28 in odd years.

Please provide the information requested below. (Print or Type) Use full name, not initials.			
Dispenser Name		License or Permit Number	DEA Registration Number
Street Address		City	
State	ZIP Code	Telephone Number	Email Address
Name of Prescription Department Manager (Pharmacy only)		FL License Number of Prescription Department Manager (Pharmacy only)	
Signature: (Format for electronic signature: //John F. Doe//)		Date:	
Reason for exemption from reporting (Check all that apply below)			
<input type="checkbox"/> Dispenser is a newly permitted pharmacy under Chapter 465, Florida Statutes, awaiting issuance of a Drug Enforcement Administration registration number.			
<input type="checkbox"/> Dispenser is awaiting renewal of an expired DEA registration, and is not currently dispensing controlled substances.			
<input type="checkbox"/> Dispenser NEVER dispenses ANY controlled substances, as defined in section 893.055(1)(c), Florida Statutes, in or into the state of Florida.			
<input type="checkbox"/> Dispenser meets one of the following exemptions in section 893.055(3)(b), Florida Statutes (check claimed exemption):			
<input type="checkbox"/> A health care practitioner when administering a controlled substance directly to a patient.			
<input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.			
<input type="checkbox"/> A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.			
For Department Use Only			
Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	PDMP Staff Signature	Date of Action
Notes:			