GOVERNMENT OF GUAM

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

DIVISION OF ENVIRONMENTAL HEALTH
GUAM PRESCRIPTION DRUG MONITORING PROGRAM
EXEMPTION / WAIVER REQUEST FORM

Please provide the information requested below (print or type).

Pharmacy Information:

Name of Dispenser/Pharmacy:		DEA Registration Number:
Dispenser Regulatory Board License Number:		
Street Address:		City:
State:	Zip:	Telephone Number: ( )
Name of Pharmacist in Charge:		Pharmacist License Number:
Signature:		Date:

Reason for approval of exemption/waiver request (check one box below):

	Hardship created by a natural disaster or other emergency beyond the control of the permit holder. Please attach description of hardship.
	This dispenser does not hold a Controlled Substance Registration with the Guam Department of Public Health and Social Services.
	This dispenser is exempt from reporting due to the following circumstances: (a) If the dispenser does not have an automated recordkeeping system capable of producing an electronic report of the required data in the format established by the "ASAP Telecommunications Format for Controlled Substances," then the dispenser may request a waiver from the electronic reporting of the data from the Department. (b) If the Department grants the dispenser a waiver from the electronic reporting requirement, then the dispenser shall comply with an alternative method of reporting the data as determined by the Department, such as submitting the required data in writing on a form approved by the Department.
	This dispenser is exempt from reporting according to the following definition: "Dispense" means to physically deliver a controlled substance covered by this chapter to any person, institution, or entity with the intent that it be consumed away from the premises in which it is dispensed. It does not include the act of writing a prescription by a practitioner to be filled at a pharmacy licensed by the board. Type of dispenser: □ Hospital/Hospice (in-patient only) □ Institution □ Nursing Home □ Other:
	I hold a DEA Registration but do not dispense any controlled substances in the normal course of my practice.

Mail to: Guam PDMP, Division of Environmental Health, Department of Public Health & Social Services, 155 Hesler Place, Hagatna, Guam 96910
Email to: dphss-pdmp@dphss.guam.gov

For Internal DEH use only:

Date received:	☐ Approved ☐ Disapproved	CEPHO Signature:	Date of Action: