



**TENNESSEE DEPARTMENT OF HEALTH  
 TENNESSEE BOARD OF PHARMACY  
 Controlled Substance Monitoring Database Administrator  
 665 Mainstream Dr. Nashville, TN 37243  
 (615) 253-1305 OR FAX (615) 253-8782**

**DISPENSER EXEMPTION OR WAIVER REQUEST**

Please provide the information requested below. (Print or Type)

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

**“Dispense” means to physically deliver a controlled substance 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.**

**Request for exemption from reporting:**

- This dispenser does not hold a controlled substance registration with the Drug Enforcement Administration (DEA).
- This dispenser holds a DEA Registration but does not dispense any controlled substances. The dispenser agrees to report as required by law and rule to the Tennessee Controlled Substance Database if any dispensing occurs.
- This dispenser is exempt from reporting according to T.C.A. 53-10-304(d) (Not required to report by alternate means)
  - Drug is administered directly to an inpatient
  - Drug is dispensed by a licensed healthcare facility dispensing an amount to treat for 48 hours maximum
  - Dispensing drug samples
  - Dispensing in a narcotic treatment program

**Request for waiver of electronic reporting:**

- This dispenser is entitled to a waiver from electronic reporting according to Rule 1140-11-04(4) or T.C.A 53-10-305(d)(1).
- This 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”. (Must report by alternate means)
- Electronic reporting would cause undue hardship (attach explanation). (Must report by alternate means)

<b>For Department Use Only Date Received</b>	<input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>	<b>Director or Designee Signature</b>	<b>Date of Notification</b>
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