Arkansas Department of Health

4815 West Markham Street ● Little Rock, Arkansas 72205-3867 ● Telephone (501) 661-2000
Governor Asa Hutchinson
Renee Mallory, RN, BSN, Interim Secretary of Health
Jennifer Dillaha, MD, Director

Prescription Drug Monitoring Program: Pharmacy Waiver Application Form

Name of Pharmacy:

Name of Pharmacist-in-charge:

Name and title of person submitting application:

Pharmacy address:

Telephone number:

Arkansas License Number:

DEA number (if applicable):

Statement indicating why you will receive a waiver:

Signature Attestation

I certify that the above information provided in this waiver application is true to the best of my knowledge, information, and belief. If the above pharmacy begins to dispense controlled substances, I will notify the AR PDMP via email or telephone prior to dispensation.

X ______________________ X ______________________
Signature Date

Please email the completed waiver form to Jazalyn Vera-Bowen, PDMP Health Program Specialist II at Jazalyn.Vera-Bowen@arkansas.gov

For questions, please call: (501) 534-6118