



## Oregon Prescription Drug Monitoring Program ELECTRONIC REPORTING WAIVER

**\*\*Office Use Only\*\***

\_\_\_\_/\_\_\_\_/\_\_\_\_

Date Received

Request Number

The Oregon Health Authority (OHA) may grant a waiver of the electronic reporting requirement for good cause as determined by OHA. Good cause includes financial hardship and not having an automated recordkeeping system.

### Instructions:

- Please complete all blanks and questions. Incomplete requests will be returned.
- Requests may be faxed, mailed, or e-mailed to the Oregon Health Authority's PDMP.

**E-mail:** pdmp.health@state.or.us                      **Fax:** 971-673-0990

**Address:** Prescription Drug Monitoring Program  
800 NE Oregon Street, Suite 772  
Portland, OR 97232

- Please call 971-673-0741 if you have any questions regarding the Oregon PDMP.

I request an electronic reporting waiver for the Oregon Prescription Drug Monitoring Program (PDMP).

Provide justification for waiver request: \_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
Pharmacy or Facility Name

\_\_\_\_\_  
Pharmacy License #

\_\_\_\_\_  
DEA#

\_\_\_\_\_  
Pharmacy Address, City, State, Zip

\_\_\_\_\_  
Phone

*\* Waivers are processed in order of receipt. If OHA approves the electronic reporting waiver, the Authority will send notice and determine an alternative reporting method. The duration of the waiver shall be (2) two years at which time the pharmacy must reapply. If OHA denies the electronic reporting waiver, the Authority will send notice why the request was denied.*