

REQUEST FOR WAIVER FROM MAPS ELECTRONIC FILING

Authority: P.A. 231 of 2001

By completing and submitting this application you are indicating that you will be dispensing controlled substances, other than samples, from this location. Only controlled substance prescriptions dispensed (patient leaving with medication in container) not administered or prescribed will need to be reported. **This waiver only applies to the individual who has signed this application. Each licensee in a group practice must complete his or her own waiver form.**

A MAPS Request for Waiver From Electronic Filing will only be approved if it is determined the practitioner or dispenser is unable to electronically report prescription data due to not having online capabilities, the appropriate computer software to record prescription data, or does not have the ability to report prescription data in the American Society for Automation in Pharmacy (ASAP) format. An inspection may be required.

- Eligibility:** MUST have all of the following:
- Professional License
 - Controlled Substance License
 - Drug Enforcement Administration (DEA) Registration
 - Drug Control License (Exempt for samples or veterinarians)

A MAPS Claim Form must be completed for each controlled substance that is dispensed, including refills, and shall be mailed or delivered to MAPS no later than 7 calendar days after the date the controlled substance has been dispensed.

The Request for Waiver from MAPS Electronic Filing application must be completed before returning it to the address listed above. Please allow a minimum of two weeks for your application to be processed. You will be notified by mail of the decision.

If you have questions in regards to the application process, please call our office during normal business hours, or e-mail us at BPL-MAPS@michigan.gov.

REQUEST FOR WAIVER FROM MAPS ELECTRONIC FILING APPLICATION

Please Print

Licensee's First Name		Middle Name	Last Name		
Street Address (Where Controlled Substances Shall be Dispensed)			City	State	
Zip Code					
MI License Number		DEA Number			
Do you have the ability to submit prescription information using the ASAP format?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have access to a computer for claims submission?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have the ability to connect to the Internet?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
What is the estimated <u>monthly</u> volume of controlled substance prescriptions dispensed from this location?				_____	
Office Contact Person			Telephone Number with Area Code		
Licensee's Signature					Date

For Department of Licensing and Regulatory Affairs use only:

After review of this request, the *Waiver* has been:

Approved Approved with Stipulation of Future Inspection

Denied Inspected By: _____ Date: _____

Authorized Signature: _____ Date: _____

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.