



### APPLICATION FOR WAIVER OF ELECTRONIC PRESCRIBING REQUIREMENTS

Authority: 1978 PA 368

This form should be used by a prescriber requesting a waiver from the mandate to electronically transmit prescriptions, who cannot meet the requirements of [MCL 333.17754a\(1\) or \(2\)](#), and who does not meet one of the other exceptions in [MCL 333.17754a\(5\)](#). A waiver is valid for 2 years and is applicable to the specific circumstances included in this application. A waiver may be renewed by application to the department. You must provide the information described below with your application. For more information about the waiver provision, please see [MCL 333.17754a\(7\)](#).

The completed form and supporting documentation may be emailed to [BPLData@michigan.gov](mailto:BPLData@michigan.gov) or mailed to PO Box 30670, Lansing, MI 48909.

Applicant's Legal First Name	Legal Middle Name	Legal Last Name
10-Digit MI Permanent ID/License Number		Date of Birth

I am requesting waiver of the electronic prescription requirements in MCL 333.17754a for the following types of prescriptions. **Check all that apply.**

- Non-controlled substance prescriptions
- Controlled substance prescriptions

Have you received a waiver of the Medicare requirement for electronic transmission of controlled substances prescriptions from the federal Centers for Medicare and Medicaid Services?  Yes  No

If you have received a waiver of the Medicare requirement, attach documentation showing you have received the waiver.

If you have **NOT** received a waiver of the Medicare requirement, provide one or more of the following with your application:

- Evidence of economic hardship or technological limitations that are not within your control.
- Evidence that you issue prescriptions from a non-profit charitable medical clinic.
- An attestation to exceptional circumstances including, but not limited to:
  - Prescribing fewer than 100 controlled substance prescriptions per year.
    - **Note, this circumstance alone can only lead to the waiving of the electronic prescribing mandate as it relates to controlled substance prescriptions.**
  - Intention to cease practice within the next twelve months.
  - Limited practice due to an illness or other unforeseen event.

I attest that I am unable to meet the requirements of MCL 333.17754a(1) or (2). I further attest that the statements in this application are true and complete, including any and all attached documents and information provided as part of this application. I understand that any omitted statement, misrepresentation, or fraud of any of the documents and information provided on or as part of this application may be cause for denial of my application, disciplinary action, and/or may be punishable by law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date