



Request for Waiver Electronic Prescribing Requirement

Completed forms must be sent to:
Florida Department of Health
Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-11
Tallahassee, FL 32399-1708

OR

Dentistry mqa.dentistry@flhealth.gov
Medicine mqa.medicine@flhealth.gov
Nursing mqa.nursing@flhealth.gov

Optometry mqa.optometry@flhealth.gov
Osteopathic Medicine mqa.osteopath@flhealth.gov
Podiatric Medicine mqa.podiatricmedicine@flhealth.gov

Section 456.42(3), Florida Statutes (F.S.), requires a health care practitioner licensed by law to prescribe medicinal drugs, including controlled substances, who maintains a system of electronic health records as defined in section 408.051(2)(a), F.S., or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, to electronically transmit prescriptions for such drugs.

A health care practitioner who maintains a system of electronic health records and is unable to electronically transmit prescriptions for medicinal drugs may request a waiver from the electronic prescribing requirement under certain circumstances. A waiver, if granted, may not exceed one year.

Name: _____
Last/Surname First Middle

Waiver Site Address: _____
Street City, State ZIP Code

Profession: _____ License Number: _____

BASIS FOR WAIVER REQUEST

Check all of the reasons you are applying for a waiver from electronically transmitting prescriptions.

1. **Demonstrated economic hardship**
 - A. Attach a detailed description with supporting documentation of the economic hardship that prevents you from electronically prescribing.
 - B. Describe your current electronic prescribing capabilities.
 - C. Describe the steps being taken to meet the e-prescribing mandate.
 - D. Provide the date those e-prescribing capabilities are expected to be fully operational.
2. **Technological limitations that are not reasonably within my control**
 - A. Attach a detailed description with supporting documentation of the technological limitations that prevent you from electronically prescribing. State specifically why the technological limitations are not within your control.
 - B. Describe your current electronic prescribing capabilities.
 - C. Describe the steps you are taking to meet the electronic prescribing mandate.
 - D. Provide the date those electronic prescribing capabilities are expected to be fully operational.
3. **Other demonstrated exceptional circumstance**
 - A. Attach a detailed description with supporting documentation of the exceptional circumstances that prevent you from electronically prescribing.
 - B. Describe your current electronic prescribing capabilities.
 - C. Describe the steps being taken to meet the e-prescribing mandate.
 - D. Provide the date those e-prescribing capabilities are expected to be fully operational.

I attest that I am the practitioner listed above and the statements in this application for waiver from electronic prescribing are true and complete. I recognize that providing false information may result in disciplinary action against my license pursuant to Section 456.072, F.S.

Licensee's Signature: _____ **Date:** _____
You may print out the form and sign it or sign digitally. MM/DD/YYYY