



# Application for Time-Limited Waiver from Electronic Prescribing Requirements for Controlled Substances

## Prescriber Information:

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

License Number: \_\_\_\_\_

DEA Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Requested duration of waiver (select one):    90 days    180 days

## For Department Use Only

Date Received: \_\_\_\_\_

Approved                       Disapproved

Waiver Expiration Date: \_\_\_\_\_

Director or Designee Signature: \_\_\_\_\_

Date of Action: \_\_\_\_\_

If additional space is required for any response, herein, please attach supplemental pages, identifying each response by question number and identifying the applicant prescriber on each page.

**Financial Hardship Waiver Request:** Below, please provide evidence that implementation of the electronic prescription requirements set forth in the Rules and Regulations for Pain Management, Opioid Use and the Registration of Distributors of Controlled Substances in Rhode Island (216-RICR-20-20-4) will cause the prescriber undue economic hardship.

Below, please provide the prescriber's plan for achieving compliance with the regulations prior to the expiration of the time-limited waiver.

I certify that the above information is true and accurate to the best of my knowledge.

Prescriber's Signature: \_\_\_\_\_

State of Rhode Island

County of: \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_

who proved to me through satisfactory evidence of identification to be the person who appeared before me.

Signature of Notary Public

## Mailing Instructions and General Information

The original notarized waiver form must be mailed to:

**Rhode Island Department of Health**  
**3 Capitol Hill, Room 205**  
**Providence, RI 02908-5097**

or faxed to **401-222-2158**.

Please keep a copy of your application for your personal records.

Information regarding the status of your waiver application will not be communicated over the phone. You will receive a letter from RIDOH verifying the status of your waiver application.

Visit RIDOH's website to access information on the electronic prescribing of controlled substances in Rhode Island:

[health.ri.gov/medicalrecords/about/eprescribing/](http://health.ri.gov/medicalrecords/about/eprescribing/)