



## SOUTH DAKOTA BOARD OF PHARMACY

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### REQUEST FOR A WAIVER / EXEMPTION FROM REPORTING

Please provide the information requested below. (Print or Type) Use full name not initials.

Name of Dispenser	South Dakota License or Permit Number	
Street Address	City	
State	Zip Code	Area Code and Telephone Number
Name of Pharmacist-in-Charge	License Number of Pharmacist-in-Charge (Home State)	
Signature:	Date:	

Reason for request of exemption from reporting request: (Check all that apply below)

- Dispenser is a medical facility that dispenses an interim quantity of a substance on an outpatient emergency basis; the quantity may not exceed a 48 hour supply.
- Dispenser NEVER dispenses ANY controlled substances II, III, and IV or drugs of concern in the state of South Dakota.
- Explanation: \_\_\_\_\_
- Other:

#### For Department Use Only

Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of Action
Notes:			

Please note: Changes in pharmacy status or South Dakota Prescription Drug Monitoring Program regulations may require pharmacies to resubmit a waiver/exemption form.