

**Mississippi Prescription Monitoring Program**  
 6360 I55 North, Suite 400  
 Jackson MS 39211

**WAIVER OF REPORTING**

Facility Name	MS Permit Number
Pharmacist in Charge (print)	Mailing Address
Signature of PIC	Facility DEA Number
Date	Facility Email and Phone Number
<b><i>Please note should you have a change of PIC a new waiver will be required. Also, should your status change, it will be your responsibility to notify the program.</i></b>	___ Hardship created by natural disaster or other emergency beyond the control of the permit holder
___ OTHER: Please describe on a separate attachment.	___ This pharmacy/practitioner does not dispense schedule II,III,IV or V controlled substances.



FOR DEPARTMENT USE ONLY	
Date Received	___ approved ___ denied
Expiration Date	Director Signature
Return completed form to: <a href="mailto:msspmpassist@mbp.ms.gov">msspmpassist@mbp.ms.gov</a> , fax 601-899-8904, or regular mail	