

**Application for Exemption
to Prescribe Non-Controlled Substances
on an Official New York State Prescription
for Staff Practitioners of a Healthcare Facility**

Official New York State Prescription Program

INSTRUCTIONS - Please Complete this Form and Return by Mail or Fax to the Above Address

NOTE: In order to apply for and be granted an exemption from the requirement for staff practitioners to prescribe non-controlled substances on an official New York State prescription, an applicant must be a healthcare facility registered with the Official Prescription Program. The applicant also must have implemented an electronic prescription system or a computerized provider order entry system that generates printed prescriptions.

Place an **X** in the box beside the type of system implemented by your facility:

- ☐ An Electronic Prescription System that transmits prescriptions from a computer to a pharmacy computer or fax machine.
☐ A Computerized Order Entry System that generates printed prescriptions.

HEALTHCARE FACILITY INFORMATION (please print or type)

Facility Name _____
Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
NYS Operating Certificate # _____ NYS PFI # _____ (Permanent Facility Identification)

NOTE: Each applicant shall designate one (1) contact person to have administrative responsibility for the exemption. Below, supply the requested information for the designated contact person.

DESIGNATED CONTACT PERSON INFORMATION (please print or type)

Name _____ Title _____
Address _____
City _____ State _____ Zip _____
Telephone # _____ Fax # _____
E-mail Address _____

Attestation

The healthcare facility submitting this application attests that, upon being granted an exemption, it will abide by the provisions of 10 NYCRR 910.2 and by the provisions contained in this registration form. The authorized provider submitting this application further acknowledges and agrees that its exemption may be terminated by the Department of Health in the event that it fails to comply with the provisions of 10 NYCRR 910.2.

Signature _____
(Individual authorized to sign the application form)

Please print or type

 Name _____
Title _____

NOTE: Submission of a completed application form does not constitute an exemption until the Department of Health provides you with a separate written acknowledgement that your exemption is effective.