



STATE BOARD OF PHARMACY

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785) 296-4056
pharmacy@ks.gov Fax (785) 296-8420

**WAIVER REQUEST:
Electronic Prescribing
KSA 65-16,128
Form C-700**

INSTRUCTIONS

STATE OF KANSAS WAIVER ONLY

All applications must be typed, be complete, and include supporting documentation before they will be processed by staff.

K.S.A. 65-16,128. Electronic transmission of prescription orders required, when; exceptions.

(b)(1) A prescriber may request a waiver from the provisions of subsection (a) for a period not to exceed six months if such prescriber cannot comply with subsection (a) due to economic hardship, technological limitations that reasonably are not within the prescriber's control, or other circumstance demonstrated by the prescriber.

You have the burden of proving that a waiver is appropriate and should be granted under the circumstances. Provide any additional documents that explain to the Board why you should be granted a waiver. Failure to do so may result in your request being marked incomplete, delayed review of your waiver, or denial. You may email, fax, or mail the form and supplemental documents to the Board office.

If a waiver is granted by the Board of Pharmacy, the prescriber may request that such waiver be renewed for a period not to exceed six months. Approved waivers will expire on June 30th and December 31st of each year.

PRESCRIBER INFORMATION

Prefix	First Name	Middle Initial	Last Name
Direct Phone Number		Email Address	
Kansas License Number		Kansas Licensing Agency	

REASON FOR REQUEST

- Economic Hardship: Supporting statement and documents must include the most recent tax return or other business records that show gross receipts and net profits.
- Technological Limitations: Supporting statement and documents must be provided.
- Other: Supporting statement and documents must be provided

PRACTICE RESPONSES

Total number of patients seen in clinic/practice site annually _____

Total number of prescribers with DEA registration at practice site _____

Total number of patients seen by provider annually _____

Total number of controlled substances prescriptions written by provider annually _____

List of counties where controlled substance prescriptions written by provider are dispensed to provider's patients _____

OFFICE USE ONLY

Approved / Denied Initials: _____ Effective Date: 7/1/2021 Expiration Date: _____

