Electronic Prescriptions for Controlled Substances: Request for Limited Extension to Comply

	APPLICANT I	NFORMATION	
To be completed by	the Prescribing Practitioner or the PI	C, if a facility:	
	f requesting an extension on behalf of a pharm	• •	appears on the pharmacy license.
Mailing Address:	Street/PO Box	City	State/Zip
	AFFIRM	MATION	
I am a <i>(select one)</i> : ☐ Prescribin	g Practitioner. My license number is:		
☐ Pharmacis	t in Charge. My license number is:		I am requesting an extension
on behalf of	Name of Pharmacy	, license number	:
I am making the request for the following reason(s): ☐ Economic Hardship ☐ Technological Barriers ☐ Exceptional Circumstances (attach an explanation)			
In making this request for a limited extension, I understand that only the requirements specific to electronic transmission of controlled substances found in Utah Code Annotated 58-37-22 are waived.			
	nd that this extension <u>is valid only unt</u> I must be in compliance or exempt fr		
Signature of Licer	isee*:		
Date:			
	form must be completed by the presc		PIC of the requesting pharmacy.

It cannot be submitted by office staff or credentialing agencies.

Submit this form via email to doplnewapplication@utah.gov or:

In person or via express delivery:

Division of Occupational and Professional Licensing Heber M Wells Building, 1st Floor Lobby 160 E 300 S Salt Lake City, UT 84111

US Postal Service:

Division of Occupational and Professional Licensing PO BOX 146741 Salt Lake City, UT 84114-6741