Request for Waiver
Electronic Prescribing Requirement

Completed forms must be sent to:

Florida Department of Health
Bureau of Health Care Practitioner Regulation
4052 Bald Cypress Way, Bin C-11
Tallahassee, FL 32399-1708

OR

Dentistry	MQA.Dentistry@FLHealth.gov	**Optometry**	MQA.Optometry@FLHealth.gov
Medicine	MQA.Medicine@FLHealth.gov	**Osteopathic Medicine**	MQA.Osteopath@FLHealth.gov
Nursing	MQA.Nursing@FLHealth.gov	**Podiatric Medicine**	MQA.PodiatricMedicine@FLHealth.gov

Section 456.42(3), Florida Statutes (F.S.), requires a health care practitioner licensed by law to prescribe medicinal drugs, including controlled substances, who maintains a system of electronic health records as defined in section 408.051(2)(a), F.S., or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, may only electronically transmit prescriptions for such drugs.

A health care practitioner who maintains a system of electronic health records and is unable to electronically transmit prescriptions for medicinal drugs may request a waiver from the electronic prescribing requirement under certain circumstances. A waiver may not exceed one year.

Name: _____
Last/Surname First Middle

Profession: _____ **License Number:** _____

BASIS FOR WAIVER REQUEST

Choose all of the reasons you are applying for a waiver from electronically transmitting prescriptions and provide an explanation.

☐ **1. Demonstrated economic hardship**
You must provide a signed statement of no more than one page that describes the facts of the economic hardship that prevents you from electronically prescribing medicinal drugs.

☐ **2. Technological limitations that are not reasonably within my control**
You must provide a signed statement of no more than one page that sets forth the technological limitations that are not within your control that prevent you from electronically prescribing medicinal drugs.

☐ **3. Other demonstrated exceptional circumstance**
State the circumstance which prevents you from electronically prescribing:

_____

_____
You must provide a signed statement of no more than one page that describes the exceptional circumstance that prevents you from electronically prescribing medicinal drugs.

I acknowledge this document is being submitted to notify the Department of Health of certain circumstances for which I request to receive a one-year waiver from electronically prescribing.

Licensee's Signature: _____ **Date:** _____
You may print out the form and sign it or sign digitally. MM/DD/YYYY