



South Carolina Department of Health and Environmental Control

Prescription Monitoring Program

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Exemption Request from Controlled Substance Reporting

In accordance with S.C. Code Ann. § 44-53-1640(A) and (B) (1) , The Department of Health and Environmental Control, Bureau of Drug Control shall establish and maintain a program to monitor the prescribing and dispensing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in this State. (B)(1) A dispenser shall submit to drug control, by electronic means, information regarding each prescription dispensed for a controlled substance.

PLEASE Provide the information below. (PRINT OR TYPE) USE FULL NAME, not initials			
Name of Pharmacy/Practitioner:		SC Resident Pharmacy Permit #: (pharmacy only)	
Street Address		City, State, Zip Code	
Area Code and Telephone #:	DEA Registration #:	Email Address:	
Print Name:	Signature:		Date

➤ **Reason for request of EXEMPTION from controlled substance reporting**

	Pharmacy/Practitioner does not dispense controlled substance drugs of Schedules II, III, or IV in South Carolina.
	Dispensing in a controlled research project approved by a regionally accredited institution of higher education or under the supervision of a governmental agency. (Please attach a description of the research project.)

FOR PMP USE ONLY			
Date Received	Approved	Signature	Date of Action