Temporary Exemption Form

Electronic Prescribing of Controlled Substances (EPCS)

KRS 218A.182, which takes effect on January 1, 2021, provides for electronic prescribing of all schedule II-V controlled substances, with several stated exceptions. Practitioners who are unable to comply with the electronic prescribing mandate in a timely manner may request a waiver based upon economic hardship, technological limitations, or other exceptional circumstances.

A practitioner seeking an initial waiver from the EPCS mandate must submit a completed copy of this form, no later than November 1, 2020, to:

Drug Enforcement and Professional Practices Branch
Division of Audits and Investigations
Office of Inspector General
275 East Main Street, 5ED
Frankfort, KY 40621

Phone: 502-564-7985
Fax: 502-564-7468
Email: eKASPER.Admin@ky.gov

Practitioner’s Name: _____________________________________

Practice Street Address: _____________________________________

City, Zip Code, and State: _____________________________________

Professional License Number: ________________________________

DEA Registration Number: ________________________________

Practice Point of Contact:

Last Name: _________________________ First Name: _________________________

Email: _____________________________ Phone Number: ___________________________

Reason for Seeking Temporary Exemption:

☐ Economic Hardship

☐ Technological Limitations

☐ Exceptional Circumstances
Please Describe the Practitioner’s Current Electronic Prescribing Capabilities:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

Please Explain the Reason for Requesting a Temporary Exemption from EPCS:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
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________________________________________________________________________________

Please provide the following documentation in support of your request for a temporary exemption:

1. For an economic hardship exemption, please report the practitioner’s current gross annual income and at least two (2) quotes documenting the cost of implementing EPCS.

2. For a technological limitation exemption, please submit:
   • Documentation showing the available internet service providers, speed and bandwidth available from each provider, and any data caps imposed by the internet service provider; and
   • Documentation showing the minimum technological requirements from at least two (2) electronic prescribing platform vendors.

Practitioner’s Anticipated Date of Compliance with the EPCS Mandate: _________________

If this is a request for renewal of an approved temporary exemption, please submit the following:

1. Information relating to the practitioner’s actions to work toward compliance with the EPCS mandate; or

2. An explanation regarding why no progress has been made.

I certify that the information given in completing this form is accurate and recognize that falsification of this application will result in a penalty pursuant to 902 KAR 55:130, Section 4.

Practitioner’s Name ____________________________ Date ____________________________

Form: OIG 55:130
Edition: 10/2019