

# WAIVER REQUEST

**1. Pharmacy/Facility Requesting Waiver**

Pharmacy/Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Oklahoma License #: \_\_\_\_\_

**2. Pharmacy/Facility Point of Contact Regarding Waiver Request**

Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Phone #: \_\_\_\_\_

**3. Reason For/Circumstances Surrounding Waiver Request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BY SUBMITTING THIS FORM, YOU ACKNOWLEDGE UNDERSTANDING THAT:**

- Submission of waiver is not a guarantee of approval; The Executive Director/Deputy Director will review requests on a case by case basis. Once processed, a written response will be sent to the email address provided above.
  - Approved waivers are not in effect until you have received such approval in writing;
- The Executive Director/Deputy Director may require further information/documentation in order to review/approve this request;
  - Requestor will be responsible to notify OSBP when waiver request is no longer needed;
  - If this request is approved, the waiver is only valid until the requestor or OSBP Executive Director/Deputy Director deems it unnecessary.

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**FOR OSBP OFFICE USE ONLY:**

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date Waiver Granted: \_\_\_\_\_ Date Waiver Ends \_\_\_\_\_

OSBP Executive Director/Deputy Director Signature: \_\_\_\_\_