

# Temporary Exemption Form

## Electronic Prescribing of Controlled Substances (EPCS)

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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](mailto: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:**

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**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