

**Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242**

Telephone (205) 981-4762 Facsimile (205) 981-2330 Website www.albop.com

CONTROLLED SUBSTANCE REGISTRATION WAIVER 2015-2016

INSTRUCTIONS:

1. The **CONTROLLED SUBSTANCE WAIVER** must be signed, notarized and mailed to the Board office. Type or legibly print the information requested below (except signature).
 - **NOTE:** “A waiver for a pharmacist must be signed by the pharmacist. A waiver for a pharmacy must be signed by the supervising pharmacist and must be accompanied by waivers signed from all pharmacists employed by the pharmacy. A waiver for any other entity entitled to a controlled substance registration must be signed by a person who has the authority to bind the entity.”

2. This waiver is a representation that the applicant does not wish to obtain or renew their state controlled substance registration. Therefore, the applicant is requesting the Board to issue only a license or permit or renewal thereof and by signing below is representing that no activities requiring a controlled substance registration will be performed during the above referenced period. The applicant further agrees and understands that providing any false statement or engaging in any activity requiring a controlled substance registration without the required registration may subject you to discipline.

Circle for whom waiver is requested:

Facility / Pharmacist

Pharmacist Name: (print) _____ **License#** _____

Facility Name: (print) _____ **Permit #** _____

Mailing Address: (print) _____

Email Address: (print) _____

City: _____ **State:** _____ **Zip:** _____

Note: If this is a new address, please complete a Request of Status Change or Address form.
Addresses will not be changed on this information.

(Signature of Licensee)

(Date)

Subscribed and sworn to before me this _____ day of _____, 20__ A.D.

Notary Public
(Seal)