

Vermont Prescription Monitoring Program

Division of Alcohol and Drug Abuse Programs
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VPMS Exemption Form for Vermont Licensed Pharmacies

PHARMACY NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

VERMONT PHARMACY LICENSE NUMBER: _____

PHARMACY DEA NUMBER: _____

I certify that this pharmacy currently: (select one)

- does not dispense any II-IV controlled substances.
- does not dispense any II-IV controlled substances to any patients in Vermont.
- administers II-IV controlled substances directly to a patient only.
- dispenses II-IV controlled substances limited to an amount adequate to treat a patient for a maximum of 48 hours only.
- is a veterinarian office.
- is an opioid treatment program that dispenses only methadone and buprenorphine.

Should this situation change, I understand that we need to contact the VPMS Program Manager (email address) and begin making reports of controlled substances dispensed to the Vermont Prescription Monitoring System which shall be no less than once every seven days. I understand that the exemption will expire one year from this date.

Pharmacist Manager Signature

Date

Print Name

Email Address

Fax, email, or mail this completed form to the address in the letterhead