



OKLAHOMA STATE BOARD OF OSTEOPATHIC EXAMINERS



Request for Waiver of E-Prescribing Requirement

Pursuant to 63 O.S. § 2-309, effective January 1, 2020, E-Prescribing shall be utilized for Schedules II, III, IV and V. The Oklahoma State Board of Osteopathic Examiners is vested with the authority to grant waivers to this requirement. This form will be returned to you via e-mail once reviewed and approval is granted or denied. **Waivers may be granted for up to one (1) year.** If you, as a practitioner, are requesting a waiver of the requirement of E-Prescribing, completion of all fields is required. Submit via email to Support@osboe.ok.gov:

D.O. Name First: _____ Middle: _____ Last: _____

License No.: _____ License Type: _____

OBNDD No.: _____ DEA No.: _____ DEA X No.: _____ (If applicable)

Facility/Clinic/Practice Name: _____

Practice Address: _____

Practice City: _____ State: _____ Zip: _____

Telephone: (_____) _____ - _____ Email: _____

Reason for Waiver Request:

- Retired or retiring within one (1) year of the following retirement date: _____
- Volunteer Practice
- Technological limitations not within practitioner's control (Must provide detailed explanation):
- Other (Must provide detailed explanation):

Physician's Signature: _____ **Date Signed:** _____

FOR BOARD USE ONLY:

Board Approval: Yes No Issued by: _____

Board Approval/Denial Date: _____/_____/_____

Issue Date: _____/_____/_____

Expiration Date: _____/_____/_____

(Waivers may be granted up to one (1) year)

Comments: