



# TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157

[www.tdlr.texas.gov](http://www.tdlr.texas.gov)



## DOCTOR OF PODIATRIC MEDICINE ELECTRONIC PRESCRIBING WAIVER FORM INSTRUCTIONS

The form must be completed and signed by the licensed Doctor of Podiatric Medicine. Electronic signatures are accepted. All information provided must be typed or printed in **black ink**.

**DOCUMENTS SUBMITTED WITH YOUR FORM WILL NOT BE RETURNED. KEEP A COPY OF YOUR COMPLETED FORM AND ALL SUPPORTING DOCUMENTATION.**

**This completed form and supporting documentation must be attached and submitted using the TDLR Electronic Prescribing waiver web form available at <https://ga.tdlr.texas.gov:1443/form/Waiver>**

Effective January 1, 2021, the Texas Controlled Substances Act and TDLR rule 16 TAC § 130.59 require that prescriptions for controlled substances be issued electronically, except in limited circumstances. TDLR may issue a waiver from this requirement based upon demonstrated necessity. A waiver, if granted, may not exceed one year. A Doctor of Podiatric Medicine may reapply for a subsequent waiver not earlier than the 30th day before the date the waiver expires if the circumstances that necessitated the waiver continue.

If approved, you will be emailed a waiver certificate. If denied, you will be emailed a notice of denial with justification for the denial and asked to submit more information.

1. NAME OF PRACTITIONER – Submit your legal name as it appears on your current license in the spaces provided. (First Name, Middle Initial, Last Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)
2. TEXAS DPM LICENSE NUMBER – Enter your Texas Doctor of Podiatric Medicine license number.
3. DEA NUMBER – Provide your DEA number.
4. EMAIL ADDRESS – Enter your email address. Your email address will be used to send the waiver certificate or notice of denial. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.
5. PRIMARY PRACTICE ADDRESS – Indicate the address of your primary place of business (Street, City, State, Zip Code).
6. BASIS FOR WAIVER REQUEST – Check all the reasons you are applying for a waiver from electronically transmitting prescriptions and provide the information for each reason you select.
7. LICENSEE ATTESTATION – Date and sign your waiver request form.



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1. Name of Practitioner:

\_\_\_\_\_  
First, Middle Initial, Last Name, Suffix (Jr., Sr., III)

2. Texas DPM License Number:

3. DEA Number:

4. Email Address:

\_\_\_\_\_  
ex: [john.doe@gmail.com](mailto:john.doe@gmail.com) See Instruction sheet for disclosure information

5. Primary Practice Address:

\_\_\_\_\_  
P.O. Box, Number, Street Name, Suite Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

6. Basis for Waiver Request: (Select all the reasons you are applying for a waiver from electronically transmitting prescriptions, and provide documentation)

- Demonstrated Economic Hardship.** Economic hardship shall be determined on a case-by-case basis, taking into account factors including: any special situational factors affecting either the cost of compliance or the ability to comply, the likely impact of compliance on profitability or viability, and the availability of measures that would mitigate the economic impact of compliance. Attach a detailed description with supporting documentation of the economic hardship that prevents you from electronically prescribing.
- Technological limitations that are not reasonably within my control.** Attach a detailed description with supporting documentation of the technological limitations that prevent you from electronically prescribing.
- Demonstrated exceptional circumstances.** Attach a detailed description with supporting documentation of the exceptional circumstances that prevent you from electronically prescribing.

### 7. LICENSEE ATTESTATION

I attest that I am the Texas Licensed Doctor of Podiatric Medicine listed above and the statements in this application for waiver from electronic prescribing are true and complete. I understand that TDLR may revoke or refuse to issue a waiver if I violate any provision of Texas Occupations Code Chapters 51 or 202, any TDLR rule, or any order of the executive director or commission. I recognize that providing false information may result in disciplinary action against my license.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date