

EPCS Waiver Application

CMS

Opening Screen to Apply for a Waiver

EPCS Dashboard

The screenshot shows the EPCS Submitter Portal interface. At the top left is the EPCS logo with the text 'Electronic Prescribing for Controlled Substances'. At the top right, the user name 'Carrie Barrows' and a 'Log Out' link are visible. Below the header is a teal banner with the text 'Clinician Interface & Scoring Landing Page / EPCS Dashboard' and 'EPCS Submitter Portal' in large white font, with the subtitle 'View, request and manage waiver applications.' below it. A light blue informational box titled 'How it Works' contains instructions on how to check NPI status and apply for a waiver, including a list of possible results and a link to current EPCS requirements. Below this is a section titled 'Check NPI Compliance Status / Apply for Waiver' with a text input field for the NPI number (containing 'XXXXXXXX') and a 'Check Status' button. The bottom section is titled 'EPCS Waiver Applications' and shows a large empty box with a document icon and the text 'No waivers requested'.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX (Expires XX/XX/XXXX)**. This is a voluntary information collection.

The time required to complete this information collection is estimated to average 0.1667 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure****

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact EPCS-EPrescribe@cms.hhs.gov.

[Click here for Privacy Policies.](#)

Enter Waiver Application Information

Submitter Details

- Name
- Email Address
- Additional E-mail Addresses
- Phone Number
- Relationship to Prescriber

Waiver Details

- Reasons for Submitting a Waiver Application
- Documentation Upload to provide existence of a circumstance beyond control that prevented the prescriber from conducting EPCS

Attestation Statement

EPCS Waiver Application

1/1/22 - 12/31/22

2022 EPCS Measurement Year

Welcome to the EPCS Waiver Application

To submit this waiver application, you must complete all the required fields below and click the "Submit Application" button. You can also click the "Save & Close" button to save your progress and come back to complete it later.

Prescriber Details

NPI

1000000129

Prescriber Name

Test Prescriber 12

Prescriber Type

Internal Medicine

Mailing Address

123 Testing St Suite 12
Mechanicsville, PA 12345-1234

Note: EPCS sources the above prescriber data from the CMS PECOS and NPPES systems of record. If this data is not accurate, please contact PECOS and NPPES using the information on the [EPCS Privacy Page](#). Please proceed with the completion of the EPCS Waiver Application at this time as the corrected information may not be populated into EPCS until the next calendar year.

* Indicates required field

Submitter Details

Name

Natalia Furman

Email Address

natalia.sviriduk+dev@semanticbits.com

Additional Email Address(es) 

Add additional emails

Hit enter/comma to add multiple

* **Phone Number**

(xxx) xxx-xxxx

Extension

Optional

* **Relationship to Prescriber**

Waiver Details

*** Reason(s) for Submitting a Waiver Application**

- Economic hardship prevents acquisition of system necessary to conduct EPCS
- Technological limitations not within control of the prescriber (e.g. service area lacks broadband internet access, making ECPS impractical, and/or software providers refuse to install necessary system for conducting ECPS)
- Other circumstance outside of prescriber's control

*** Documentation proving existence of a circumstance beyond control that prevented the prescriber from conducting EPCS**

Drop files to upload

or

Select Files

(.pdf, .jpg, .jpeg, .png, .tiff, .doc, .docx, .xls, .xlsx, .msg)

Maximum upload file size: 20 MB

Attestation

*** I attest that:**

On behalf of the Prescriber listed, or as the Prescriber in this attestation, I am applying for this EPCS Waiver and attest that the Prescriber is unable to conduct Electronic Prescribing for Controlled Substances (EPCS) due to circumstances beyond the Prescriber's control.

Collection of information in this form is covered by OMB-10834 - please see the [EPCS Privacy Page](#) for more details.

Delete

✓ All changes saved

Save & Close

Submit Application

Certify and Submit

- Review previously submitted details and general notice
- Select “Certify & Submit” button

Certify & Submit



By submitting this EPCS Waiver Application, I am certifying that the details entered are correct to the best of my knowledge. Furthermore, I am submitting this waiver application as if I physically signed and submitted a hard copy of this form.

Submission Summary

Prescriber Details

NPI	Prescriber Name	Prescriber Type	Mailing Address
1000000111	Test Prescriber 11	Family Medicine	123 Testing St Suite 11 Mechanicsville, PA 12345-1234

Submitter Details

Name	Email Address	Phone Number
Natalia1 Furman	natalia1.sviriduk@semanticbits.com	(301) 515-0239
Relationship to Prescriber	Additional Email Address(es)	
Consultant	<ul style="list-style-type: none">nsviriduk@yahoo.com	

Waiver Details

Reason(s) for Submitting Waiver Application

- Economic hardship prevents acquisition of system necessary to conduct EPCS

General Notice

No Electronic Prescribing for Controlled Substances (EPCS) Waiver may be granted unless this application is completed.

Disclosures

Submission of this EPCS Waiver Application is voluntary. Failure to provide necessary information to identify the prescriber will result in processing delays or denial of the EPCS Waiver Application.

Notice

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Cancel

Certify & Submit

General Notice Text

The image on this slide captures the complete text included in the general notice box.

General Notice Text

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Certification of Prescriber

I certify that the information contained in this EPCS Waiver Application is true, accurate, and complete to the best of my knowledge, [information](#) and belief. If I become aware that any information contained in this application is not true, accurate, and complete, I will inform CMS promptly. I understand that:

- By filing the EPCS Waiver Application, I am submitting information that will be used to assess a claim for exception from federal statute.
- Any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties.

I hereby agree to keep all records required related to this EPCS Waiver Application and to furnish them upon request by the Department of Health and Human Services, or a contractor acting on its behalf.

Certification of Submitter Working on Behalf of Prescriber(s)

I certify that I am submitting this EPCS Waiver Application on behalf of the prescriber(s) that has(have) authorized me to make this submission on their behalf. I certify that the information contained in this EPCS Waiver Application is true, accurate, and complete to the best of my knowledge, information, and belief. If I become aware that any information contained in this application is not true, accurate, and complete, I will inform CMS promptly. I understand that any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties. I hereby agree to keep all records related to this EPCS exception application and to furnish them upon request by the Department of Health and Human Services, or a contractor acting on its behalf.

Cancel

Certify & Submit

EPCS Waiver Application Submitted

Upon completion of these steps, the site confirms the successful submission of the EPCS waiver application



Waiver Submitted Successfully!

The EPCS Waiver Application for NPI number
1000000103 was submitted successfully.

[Export Application to PDF](#)

Done