



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE & REGULATION
BOARD OF PHARMACY
CONTROLLED SUBSTANCE MONITORING DATABASE
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
(615) 253-8782 (fax)
www.Tennessee.gov/health**

Exemption from ARCOS Reporting Requirements

Please complete the following form only if your facility is not subject to the reporting requirements mandated by Public Chapter 430, which requires that all manufacturers, wholesalers and distributors of controlled substances (including tramadol-containing products) that wholesale or distribute controlled substances to a Tennessee licensee to report such distributions to the Tennessee Board of Pharmacy in ARCOS format. Please email completed forms to tn.arcos@tn.gov.

Facility Name (as listed on Board of Pharmacy license): _____

TN Facility License Number: _____

DEA Number: _____

I, the undersigned, do hereby swear and affirm that the following licensee is not subject to the ARCOS reporting requirements mandated by Public Chapter 430. I understand that by knowingly or purposefully making a false, fictitious, or inaccurate statement that the licensee may be subject to discipline under T.C.A. 63-10-305(6). Furthermore, I understand that this statement establishes an on-going obligation of accuracy. As such, should circumstances change which require reporting in the future, I will update the Board of Pharmacy immediately.

Responsible Party Name (printed): _____

Responsible Party Signature: _____ Date: _____

For Department Use Only

For Department Use Only Date Received	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Director or Designee Signature	Date of Action
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