

## Policy Review Request Cover Sheet For Variance and Policy Review Committee Consideration

Use this form as a cover sheet for submitting your policy review document(s) to be considered on the Variance and Policy Review Committee’s agenda. See the Board’s [website](#) for meeting dates and cutoff times.

If you would like to be present for the Variance and Policy Review meeting to discuss your submission, you must request an appointment at the time that the variance request is submitted. Keep in mind that appointment times will not be assigned until all required documents are received. Plan your submissions accordingly to avoid any delays.

All documents and appointment requests may be mailed, faxed, or emailed to the Board:

MN Board of Pharmacy  
2829 University Avenue SE #530  
Minneapolis, MN 55414  
Fax: 612-617-2262  
[pharmacy.board@state.mn.us](mailto:pharmacy.board@state.mn.us)

**Please Note:**

- If requests are sent to any other Board email address than the main email address, they may not be included on the agenda for the Variance and Policy Review Committee meeting in question.
- This document is only a cover sheet used for policy review. The form for completing a variance request can be found on the Board's website under [Forms>Pharmacy>Variance Request Form](#).

**Please indicate below which policy the submission is for:**

Automation Policy and Procedures pursuant to MR 6800.2600 or MS 151.58.

Central Service-Centralized Prescription Processing and Filling pursuant to MR 6800.4075.

Unique Identifier of an electronic means pursuant to MR 6800.0100 Subp. 17.

Other \_\_\_\_\_

Name of Pharmacy Request is for: \_\_\_\_\_

Pharmacy Minnesota License Number: \_\_\_\_\_

**List all pharmacies and MN pharmacy license numbers involved with the submission. Attach additional sheet if needed.**

Name/Location	Address	MN License #	PIC

**You may download this form and email it to the Board of Pharmacy. This document must be submitted with all supporting documents.**