



Florida Health Care Clinic Establishment (HCCE) Exemption

The Florida Division of Drugs, Devices and Cosmetics, in Section 499.01(2)(r), requires certain business entities to obtain a Health Care Clinic Establishment (HCCE) Permit. Per Florida law, the permit is required for the purchase of a prescription drug by a place of business at one general physical location that provides veterinary services and that is owned and operated by a business entity that has been issued a federal employer tax identification number. Florida law prohibits the sale of prescription drugs to any person or entity that is not authorized to receive them. As such, Midwest Veterinary Supply Inc. customers must have an appropriate permit to purchase prescription drugs.

To claim exemption from the HCCE permit requirement, at least one box MUST be checked. This form will not be accepted without a reason for the exemption and signature.

I, the undersigned, am exempt from the requirement to obtain an HCCE permit due to the following reason.

- I am an individual practitioner and products are purchased for my own use, and for my personal account, and not paid for with business funds.
- I am a solo practitioner with a *professional* business entity (PLLC or PA). Products are ordered under my individual veterinarian license, but paid for with business funds.
- I am a government animal shelter and all employees of the shelter are employed by the local government.
- I am a non-government animal shelter and have provided a copy of an exemption letter issued by the Florida Division of Drugs Devices and Cosmetics.
- I have an exemption letter issued by the Florida Division of Drugs Devices and Cosmetics which is enclosed with the exemption form.
- I own a Mobile Veterinary Clinic.
- I am a House Call/Agricultural/Farm Veterinarian and do not have a physical and permanent business location. Instead, I only provide services at various residences and/or farms. NOTE: Farm veterinarians operating under a group practice that have a physical permanent location cannot claim this exemption. An HCCE permit is required for a group practice, and the permit will be issued to the business location.

MVS Account Number: _____

Account Name: _____

Exempt Practice Location Address:

I understand that if my business practice changes at any time, I will notify Midwest Veterinary Supply, Inc. in writing and submit a copy of the required HCCE license if applicable. This exemption expires biennially on May 31st on even numbered years.

Practitioner Name (Please Print)

Practitioner Signature

Date