FOR OFFICE USE ONLY
REG NUMBER: _____
DATE: _____

KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE: NONE

Utilization of Unused Medications
Notification of Intent to Participate
DONATING ENTITY

68-18-1
"Each administrator or operator of an Medical Care Facility, Mail Service Pharmacy or Adult Care Home who wants to participate as defined in L.2008, ch.9, sec 2 and amendments thereto, shall submit to the board written notification of intent to participate in the unused medications program"

Completion and submission of this form to the board meets the notification of intent to participate requirement of 68-18-1

_____
Name of Donating Entity

_____
Donating Entity Address

_____
City State Zip Telephone number

_____
E-mail Address Fax Number

Type of Entity (CHECK ONE):

____ MEDICAL CARE FACILITY ____ MAIL SERVICE PHARMACY

____ ADULT CARE HOME ____ OTHER_____

_____
Name of Administrator/Operator Title

_____
Signature Date