800 SW Jackson St., Suite 1414
Topeka, KS 66612

Kansas
Board of Pharmacy

Phone: (785) 296-4056
Fax: (785) 296-8420
pharmacy@pharmacy.ks.gov
www.pharmacy.ks.gov

Carly Haynes, Interim Executive Secretary

Sam Brownback, Governor

**SEND TO:** **KANSAS DEPT. OF HEALTH & ENVIRONMENT**
**BUREAU OF WASTE MANAGEMENT**
**1000 SW JACKSON, SUITE 320**
**TOPEKA, KS 66612**
**(785) 296-1611**

## APPLICATION FOR PARTICIPATION IN THE KANSAS MEDICATION DISPOSAL PROGRAM

_____
NAME OF PHARMACY KS PHARMACY REG #

_____
PHYSICAL ADDRESS CITY STATE ZIP

_____
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

_____
TELEPHONE NUMBER PHARMACIST IN CHARGE

_____
EMAIL ADDRESS

Application is hereby made to participate in the Kansas Medication Disposal Program through the Kansas Department of Health and Environment. Upon acceptance, applicant shall receive an updated Certificate of Renewal indicating their participation in the program from the Kansas State Board of Pharmacy. The certificate should be displayed in the applicant's place of business. Registration in the program will expire annually and may be renewed at the time of the pharmacy's license renewal.

By signing this application below, applicant agrees to follow the terms and conditions set forth in the KDHE Kansas Medication Disposal Program policy statement.

_____
SIGNATURE OF PHARMACIST IN CHARGE DATE