

**KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
(785) 296-4056
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FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

**Utilization of Unused Medications
Unused Medications Manifest
MAIL SERVICE PHARMACY & MEDICAL CARE FACILITY
DECLARATIONS PAGE**

I certify that the medications listed on the attached manifest meet the following requirements of KAR 68-18-1

1. Can be identified
2. Is in the manufacturers sealed container, a pharmacy unit dose package or a hermetically sealed tamper evident package from the pharmacy
3. Has not passed its beyond use date
4. is NOT a controlled substance
5. has not been adulterated
6. is not a medication than can be dispensed only to a patient or resident registered with the drug manufacturer
7. All of the patient or resident personal identifiers have been removed (redacted)
8. Qualifying center or clinic named on the manifest is willing to accept each unused medication
9. Qualifying Center or Clinic has a consultant pharmacist and is registered with the board to accept unused medications

Name of Adult Care home Administrator

Signature

Date

