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