

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
www.pharmacy.ks.gov (785) 296-4056
pharmacy@ks.gov Fax (785) 296-8420

**NOTIFICATION OF INTENT TO PARTICIPATE:
Donating Entity
Form N-400****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff. This form is to be completed by a donating entity as described in K.A.R. 68-18-1 that intends to participate in the unused medications program.

Please indicate the facility type:

- Medical Care Facility (Complete Section A) Mail Service Pharmacy (Complete Section B)
 Adult Care Home (Complete Section A) Other _____

DONATING ENTITY INFORMATION

Facility Name		Kansas Registration Number	
Address			
City	State	Zip	County
Phone	Fax		Email

SECTION A.**FACILITY ADMINISTRATOR — MEDICAL CARE FACILITY & ADULT CARE HOME**

Facility administrators of medical care facilities and adult care homes must complete this section. Please include the name and contact information for a responsible party who is working on-site to carry out duties of the program. Mail service pharmacies skip to Section B.

Administrator Name		Title
Phone	Fax	Email
Responsible Party Name		Title
Phone	Fax	Email

FACILITY ADMINISTRATOR

I declare under penalty of perjury under the laws of the State of Kansas that I am the administrator/operator acting on behalf of the medical care facility or adult care home, and I hereby accept responsibility for operating the utilization of unused medication program at this site in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.

SIGNATURE_____
DATE SIGNED**SECTION B.****PHARMACIST-IN-CHARGE OF MAIL SERVICE PHARMACY**

Pharmacists-in-charge of mail service pharmacies must complete this section.

PIC Name		License Number
Phone	Fax	Email



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PHARMACIST-IN-CHARGE

I declare under penalty of perjury under the laws of the State of Kansas that I have read and understand all statutes and regulations related to the Utilization of Unused Medications Program and hereby accept responsibility for operating this utilization of unused medication site in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act and Kansas Controlled Substances Act.

SIGNATURE

DATE SIGNED