

**KANSAS STATE BOARD OF PHARMACY
800 SW JACKSON, ROOM 1414
TOPEKA, KS 66612
FEE: NONE (785) 296-4056
FAX (785) 296-8420**

**Utilization of Unused Medications
Notification of Intent to Participate**

**CLINICS AND QUALIFYING CENTER
68-18-1**

“Each administrator or operator of a Clinic or Qualifying center 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 Clinic/Qualifying Center

Clinic/Qualifying Center Address

City State Zip Telephone number

E-mail Address Fax Number

Type of Entity (CHECK ONE):

_____ CLINIC _____ QUALIFYING CENTER

Name of Administrator/Operator Title _____

Signature

Date

Name of Consulting Pharmacist to establish procedures _____

Signature

Date