

# Nevada State Board of Pharmacy

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## CANCER DRUG DONATION PROGRAM NOTICE OF PARTICIPATION OR WITHDRAWAL

Completion of this form meets the requirements of NRS Chapter 457 for the Cancer Drug Donation Program for donating drugs and for the distribution of drugs to participating repository for drug destruction.

### NOTICE OF PARTICIPATION

**CHECK ONE OF THE FOLLOWING :**

- Pharmacy  Medical Facility  
 Healthcare Clinic approved to provide cancer care services  
 Healthcare Provider approved to provide cancer care services

Name- Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider		
Address		
City	State	Zip Code
Name-Pharmacist or Healthcare Provider	Telephone Number	

I certify that the above named entity is licensed in the State of Nevada and is in compliance with all State and Federal Laws and administrative rules.

<b>SIGNATURE</b> -Pharmacist or Healthcare Provider	Date Signed
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### NOTICE OF WITHDRAWAL

Name-Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider		
Address		
City	State	Zip Code

As of (enter date)\_\_\_\_\_ the participant listed above, will no longer be participating in the Cancer Drug Donation Program.

<b>SIGNATURE</b> - Pharmacist or Healthcare Provider	Date Signed
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Return completed form to address listed in header.