

Nevada State Board of Pharmacy

431 W. Plumb Lane, Reno NV 89509

775-859-1440 or Toll Free 1-800-364-2081 Fax 775-859-1444

Email: pharmacy@pharmacy.nv.gov Website: <http://www.bop.nv.gov>

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.

SIGNATURE -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.

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