



Eligible Charity Pharmacy Registration

APPLICANT INFORMATION

Pharmacy Name: _____

UT Non-Profit Corporation Registration #: _____

DBA (If applicable): _____ DBA Registration #: _____

Mailing Address: _____

Including Apt/Unit/Ste # and/or PO Box

City

State

Zip Code

Phone: _____ Email: _____

Local Contact for Licensing Purposes: _____

Phone: _____ Email: _____

AFFIRMATION, AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects to register with the Division of Occupational and Professional Licensing as an eligible pharmacy under Title 58, Chapter 17b, Part 9, Charitable Drug Recycling Act.
2. I certify that to the best of my knowledge, the information contained in this registration and all supporting document(s) are true and correct, discloses all material facts regarding the applicant, and that I will update or correct the registration as necessary, prior to any action on my application.
3. I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Division of Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for registration by the State of Utah.
4. I understand that it is the continuing responsibility of registrants to read, understand, and apply the requirements contained in all statutes and rules pertaining to registration as an eligible pharmacy for which I am registering, and that failure to do so may result in civil, administrative, or criminal sanctions.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my registration.
7. I certify that I have read, understand, and agree to the requirements and limitations outlined in Utah Code Sections 58-17b-902, 58-17b-904, and 58-17b-905 and Utah Admin. Code R156-17b-901.

Signature of Authorized Signer: _____ Date: _____

Printed Name of the Authorized Signer: _____

Position of Authorized Signer: _____

REGISTRATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

Your registration is classified as a public record and may be available for inspection by the public, except with regard to the release of information which is sub-classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Submit the above items with your completed application to:

In person or via express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor Lobby
160 E 300 S
Salt Lake City, UT 84111

US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741