

DRAFT – NOT FOR OFFICIAL USE

Draft Affidavit for Retail Pharmacy Registration Applications to Operate at Long Term Care Facilities

[NOTE: This draft affidavit is provided for comment purposes only in conjunction with publication of a Notice of Proposed Rulemaking regarding use of automated dispensing systems at long term care facilities (68 FR 62255, November 3, 2003). Comments regarding this affidavit or any other aspect of the proposed rule may be submitted to the Drug Enforcement Administration by following the directions in the “DATES” and “Addresses” sections of this proposed rule.]

I, _____, the _____ (Title of officer, official, partner, or other position) of _____ (Corporation, partnership, or sole proprietor), doing business as _____ (Store name) at _____ (Number and Street), _____ (City) _____ (State) _____ (Zip code), hereby certify that said store was issued an authorization (insert license or permit number, if one issued) by the _____ (Board of Pharmacy or Licensing Agency) of the State of _____ on _____ (Date) to install and operate an automated dispensing system for the dispensing of controlled substances at the below-listed long term care facility:

_____ (Name of long term care facility for which DEA registration is sought)

_____ (Number and street)

_____ (City)

_____ (State)

_____ (Zip code)

This statement is submitted to obtain a Drug Enforcement Administration registration number. I understand that if any information is false, the Administration may immediately suspend the registration for this activity and commence proceedings to revoke under 21 U.S.C. 824(a) because of the danger to public health and safety. I further understand that any false information contained in this affidavit may subject me personally and the above-named corporation/partnership/business to prosecution under 21 U.S.C. 843, the penalties for conviction of which include imprisonment for up to 4 years, a fine of not more than \$30,000 or both.

Signature (Person who signs Application for Registration) _____

State of _____

County of _____

Subscribed to and sworn before me this ____ day of ____, 20__.

Notary Public (Signature and seal) _____

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