



STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH LICENSURE AND REGULATION  
OFFICE OF HEALTH RELATED BOARDS  
665 MAINSTREAM DRIVE  
NASHVILLE, TN 37243

<https://www.tn.gov/health/health-program-areas/health-professional-boards/pharmacy-board.html>

**PRESCRIPTION DRUG DONATION RESPOSITORY PROGRAM  
PARTICIPATING MEDICAL FACILITY OR PHARMACY**

Completion of this form meets the requirements to participate as a medical facility or pharmacy in the Prescription Drug Donation Repository Program (hereafter referred to as "Program") as specified in **Tennessee Code Annotated** 63-10-501 *et. seq.* and Official Compilation of Rules and Regulations of the State of Tennessee 1140-17-.01 *et. seq.* The form may also be used to withdraw from participating as a repository by checking the appropriate box as shown below

Participating Medical Facility or Pharmacy Information		
Medical Facility or Pharmacy Name:		Pharmacist Name (if applicable):
Telephone Number: (        )	Fax Number: (        )	Email Address:
Address:	City:	State:        Zip Code:
Medical Facility or Pharmacy License/Registration Number:	Physician, Physician's Assistant or Nurse Practitioner's License Number:	
Primary Contact for Program Communications:		Primary Contact Phone Number: (        )
Primary Contact Email Address:		Primary Contact Fax Number: (        )

- The Medical Facility or Pharmacy shown above elects to ENROLL as a Repository in the Program.
- The Medical Facility or Pharmacy shown above is registered as a Repository and elects to WITHDRAW from the program.
- A 26 U.S.C. § 501 (c ) (3) determination of exemption is attached.

I am the responsible pharmacist, physician, physician's assistant, or nurse practitioner acting on behalf of the medical facility or pharmacy, listed above. The medical facility or pharmacy is in compliance with all applicable federal and state laws, including laws applicable to the storage and distribution of drugs and the appropriate licensure standards, and holds an active, unencumbered, state-issued license or registration in good standing. In the case of a physician's office, the physician(s) and other medical staff are duly licensed. The medical facility or pharmacy meets the eligibility requirements under Official Compilation of Rules and Regulations of the State of Tennessee 1140-17-.03 and shall comply with the requirements specified in **Tennessee Code Annotated** § 63-10-501 *et. seq.* and Official Compilation of Rules and Regulations of the State of Tennessee 1140-17-.01 *et. seq.* regarding the Program.

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Signature of Pharmacist, Physician, Physician Assistant and Nurse Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

PH4327