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STATE OF DELAWARE

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APPLICATION FOR AUTHORIZATION TO PURCHASE TAMPER-RESISTANT PRESCRIPTION FORMS AS AN INSTITUTIONAL PROVIDER

INSTRUCTIONS

When to Use This Form

Submit this form when an institution, such as a hospital, or its individual departments wish to order prescription forms on behalf of the healthcare practitioners with prescriptive authority who work there. Anyone ordering prescription forms must provide a Security Code to the registered vendor. Although each Delaware-licensed healthcare practitioner with prescriptive authority already has his/her own *personal* Security Code, an institution (or departments within the institution) must register with the Division of Professional Regulation (DPR) in order to be issued its own institutional Security Code.

Designating a Contact Person

DPR will direct all correspondence to only one contact person that the institution (or department) designates to act on its behalf in regard to prescription form orders. Since the correspondence will include the institution's Security Code, the designated contact person should generally be the person responsible for ordering prescription forms on the institution's or department's behalf. When more than one person orders the forms, the designated contact person will disclose the Security Code to those who need it to order forms. Generally, the contact person supervises those who place the orders. ***It is important for the institution or department to take all appropriate measures to ensure that its Security Code is disclosed only to the person(s) permitted to order prescription forms.***

If the employment of the designated contact person or any person to whom the security code has been disclosed ends for any reason, the institution or department must promptly report their departure to DPR.

Registering with DPR

To register, submit a completed, signed and notarized *Application for Authorization to Purchase Tamper-Resistant Prescription Forms as an Institutional Provider* to DPR at the address above. The designated contact person or other official of the institution must sign the application.

1. Institution Name: _____ Department: _____
   (e.g., Pulmonology, Pediatrics)

2. ***Mailing Address***: _____
   _____ _____ _____
   City State Zip

3. ***Physical Location of Institution*** *(if different than above)*: _____
   Street (no PO Box)
   _____ _____ _____
   City State Zip

4. Enter the name of ***one*** contact person designated to order, or to supervise the ordering of, prescription forms on behalf of the institution/department named above: _____

5. Contact Person Phone: _____ Contact Person Email: _____

6. Enter the number of practitioners with prescriptive authority for whom this institution or department will order tamper-resistant prescription forms: _____

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he/she is authorized to apply for registration on behalf of the business indicated above, that he/she has read and reviewed the information provided with this application, and that he/she has read the Rules and Regulations governing tamper-resistant prescription forms in Delaware and will fully comply with the rules. He/she further affirms that the information and statements contained in this application are true and correct and that he/she understands that providing false information or employing or knowingly cooperating in fraud or material deception in order to be registered is grounds for denial or termination of registration.

Signature of Contact Person or Official:_____ Date:_____

Printed Name: _____ Title: _____

State of _____ County of _____

SUBSCRIBED and SWORN to before me this _____day of _____, 2_____.

Signature of Notary Public: _____

SEAL

My Commission expires: _____