

STATE OF KANSAS



BOARD OF PHARMACY
800 S.W. JACKSON ST., SUITE 1414
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GOVERNOR JEFF COLYER, M.D.
ALEXANDRA BLASI, J.D., M.B.A., EXECUTIVE SECRETARY

SEND TO: KANSAS DEPT. OF HEALTH & ENVIRONMENT
BUREAU OF WASTE MANAGEMENT
1000 SW JACKSON, SUITE 320
TOPEKA, KS 66612
(785) 296-1600

APPLICATION FOR PARTICIPATION IN THE KANSAS MEDICATION DISPOSAL PROGRAM

NAME OF PHARMACY: _____

KS PHARMACY REG #: _____

PHYSICAL ADDRESS : _____

CITY STATE ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____

TELEPHONE NUMBER: _____

PHARMACIST IN CHARGE: _____

EMAIL ADDRESS: _____

Application is hereby made to participate in the Kansas Medication Disposal Program through the Kansas Department of Health and Environment. Upon acceptance, applicant shall receive an updated Certificate of Renewal indicating their participation in the program from the Kansas State Board of Pharmacy. The certificate should be displayed in the applicant's place of business. Registration in the program will expire annually and may be renewed at the time of the pharmacy's license renewal.

By signing this application below, applicant agrees to follow the terms and conditions set forth in the KDHE Kansas Medication Disposal Program policy statement.

SIGNATURE OF PHARMACIST IN CHARGE

DATE