



**PRESCRIPTION DRUG DONATION PROGRAM
PARTICIPATING PROVIDER FORM**

Completion of this form meets the requirements to participate in the Prescription Drug Donation Program (hereafter referred to as "Program") as specified in Texas Health and Safety Code Chapter 442 and Texas Administrative Code Title 25, Part 1, Chapter 95.1-95.9. The form may also be used to withdraw as a Participating Provider by checking the appropriate box as shown below.

Participating Provider Information		
Health Care Facility or Pharmacy Name:		Pharmacist Name (if applicable):
Telephone Number:	Fax Number:	Email Address:
Address:		
License/Registration Number:	Names of Agency/Board Issuing License Number:	
Primary Contact for Program Communications:		Primary Contact Phone Number:
Primary Contact Email Address:		Primary Contact Fax Number:

- The Health Care Facility, Pharmacy, or Pharmacist shown above elects to ENROLL as a Participating Provider in the Program.
- The Health Care Facility, Pharmacy, or Pharmacist shown above is registered as a Participating Provider and elects to WITHDRAW from the Program.

"I am the pharmacist, physician, nurse practitioner, or manager acting on behalf of the health care facility, pharmacy, or pharmacist listed above. The health care facility, pharmacy, or pharmacist is in compliance with all applicable federal and state laws including those related to the storage and distribution of drugs and holds an active, non-restricted state issued license in good standing in Texas. I have read the rules related to the Program and agree that this health care facility, pharmacy, or pharmacist shall comply with the laws and regulations as defined in Texas Health and Safety Code, Chapter 442, and Texas Administrative Code Title 25, Part 1, Chapter 95.1-95.9."

Signature of Pharmacist, Physician, Nurse Practitioner, or Manager

Date

Printed Name

**** Please send the completed form via fax to 512-776-7489 or email to rxdrugdonation@dshs.texas.gov ****

Once the application is received and processed by staff, the participating provider will be entered into the participating provider database on the program website (<http://dshs.texas.gov/drugdonationprogram.aspx>). Applicants should check the database to verify that they have been enrolled in the program. Upon verification, the participating provider referenced above may begin acting as a participating provider in the Program.