



PROGRAM FOR UTILIZATION OF UNUSED PRESCRIPTION DRUGS

**PARTICIPATING PHARMACY OR CHARITABLE CLINIC
 PARTICIPATION OR WITHDRAWAL**

Completion of this form meets the notification requirement for participation in, or withdrawal from, the Program for Utilization of Unused Prescription Drugs under the Michigan Public Health Code 1978 PA 368 as amended (MCL 333.17775). Complete and submit this form to the Michigan Board of Pharmacy – Program for Utilization of Unused Prescription Drugs, P.O. Box 30670, Lansing, Michigan 48909. A copy of this form must be retained for at least five years by the dispensing pharmacy.

To be eligible for participation in the Program for Utilization of Unused Prescription Drugs, a pharmacy or charitable clinic shall be in compliance with all applicable federal and state laws, including laws applicable to the storage and distribution of prescription drugs and the appropriate licensure standards, and shall hold an active, non-restricted, state-issued license in good standing. Participation in this program is voluntary. Refer to Board of Pharmacy Rules 338.3605 and 338.3607 for eligible prescription drugs included in this program. Charitable clinics must attach to this form, evidence that the clinic is listed as an exempt organization under section 501(c) of the Internal Revenue Code, 26 USC 501.

NOTICE OF PARTICIPATION			
Name of Pharmacy or Charitable Clinic			
Michigan License or Registration #		Telephone Number with Area Code	
Street Address	City	State	Zip Code
Name of Responsible Pharmacist		Michigan License #	
I certify that the above named facility or charitable clinic meets the eligibility requirements and will comply with the requirements of the program, all State and Federal laws and administrative rules.			
SIGNATURE of Responsible Pharmacist		Date Signed	

NOTICE OF WITHDRAWAL			
Name of Pharmacy or Charitable Clinic			
Michigan License or Registration #		Telephone Number with Area Code	
Street Address	City	State	Zip Code
As of _____ the pharmacy or charitable clinic identified above, will no longer be (withdraw date)			
participating in the Program for Utilization of Unused Prescription Drugs.			
NAME AND SIGNATURE of Responsible Pharmacist		Date Signed	