CANCER DRUG DONATION PROGRAM
NOTICE OF PARTICIPATION OR WITHDRAWAL

Division of Drugs, Devices, and Cosmetics
2601 Blair Stone Road
Tallahassee, FL 32399-1047
Phone: (850) 717.1800
Fax: (850) 414-8240
E-mail: CDDP.CDDP@myfloridalicense.com

Completion of this form meets the notification requirement for participation in, or withdrawal from, the Cancer Drug Donation Program under Rule 61N-1.026, Florida Administrative Code (F.A.C.). Complete and submit this form to the address or fax number provided above. Questions about completing this form may be directed to (850) 717-1800. This form must be maintained for at least six years.

NOTICE OF PARTICIPATION
INSTITUTIONAL CLASS II HOSPITAL PHARMACY

Only an Institutional Class II hospital pharmacy, permitted under chapter 465, Florida Statutes that accepts, stores and dispenses donated drugs and supplies may participate in the cancer drug donation program.

Name – Institutional Class II Hospital Pharmacy _____ Permit No. _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

Each participating pharmacy must provide a pharmacist contact or other contact person as determined by the pharmacist who is employed by or under contract with the pharmacy.

Name – Pharmacist or Designee _____ License No. _____ Telephone Number _____

I certify that the above named facility is licensed in the State of Florida and is in compliance with all State and Federal law and administrative rules. I further certify that the facility named above meets the requirements set forth under Rule 64N-1.026(3)(a), F.A.C.

SIGNATURE – Pharmacist or Designee _____ Date Signed _____

NOTICE OF WITHDRAWAL
INSTITUTIONAL CLASS II HOSPITAL PHARMACY

A Class II Institution Pharmacy may withdraw from participation in the program upon at least 10 days written notification to the Cancer Drug Donation Program.

Name – Institutional Class II Hospital Pharmacy _____ Permit No. _____

Street Address _____

City _____ State _____ Zip Code _____ Telephone Number _____

As of _____ (date) the Institutional Class II hospital pharmacy identified above, will no longer participate in the Cancer Drug Donation Program.

SIGNATURE – Pharmacist or Designee _____ Date Signed _____