

**STATE BOARD OF PHARMACY**

800 SW Jackson, Suite 1414
Topeka, Kansas 66612-1244
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**REGISTRATION APPLICATION:
Medication Collection Site Notice
Form N-200****INSTRUCTIONS**

All forms must be typed, be complete, and include all supporting documentation before they will be processed by staff. This form is to be completed by an entity or organization (including pharmacy, law enforcement, hospital, etc.) located in Kansas that will have a permanent medication collection site or temporary take-back event. For information about collection of controlled substances, see <https://pharmacy.ks.gov/medication-collection-and-disposal-program>. Please submit this form prior to installing a collection site or scheduling a take-back event.

Please indicate if this is a permanent installation or a temporary event:

- Notice of Permanent Installation Installation Date: _____
 Notice of Temporary Take-Back Event Date(s) and Time(s): _____

Please indicate the type of substances collected (select all that apply):

- Non-Controlled Substances
 Controlled Substances (Schedule II-V) DEA Permit Number: _____

MANAGING PHARMACY OR ORGANIZATION (Must be located in Kansas)

Name		Kansas Registration Number (if applicable)	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
Responsible Party Name		Responsible Party Email	

MEDICATION COLLECTION SITE

Name		Kansas Registration Number (if applicable)	
Physical Address			
City	State	Zip	County
Phone	Fax		Email
Pharmacist-in-Charge Name (If Applicable)		Pharmacist-in-Charge License Number (If Applicable)	

MANAGING PHARMACY OR ORGANIZATION OWNER CERTIFICATION

I declare under penalty of perjury under the laws of the State of Kansas that I hereby accept responsibility for operating this medication collection site in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act, Kansas Controlled Substances Act, and Kansas Hazardous Waste and Solid Waste Statutes and Regulations.

SIGNATURE_____
DATE SIGNED**RESPONSIBLE PARTY CERTIFICATION**

I declare under penalty of perjury under the laws of the State of Kansas that I am the responsible party acting on behalf of the applicant, and I hereby accept responsibility for operating this medication collection site in compliance with all state and federal laws, which shall include compliance with the Kansas Pharmacy Act, Kansas Controlled Substances Act, and Kansas Hazardous Waste and Solid Waste Statutes and Regulations.

SIGNATURE_____
DATE SIGNED