

Institutional Dispenser - Limited Medication Drop Box Request

This form is to be completed and submitted by a Residential Health Care Facility licensed as a **Class 3A Institutional Dispenser - Limited** who wishes to install a DEA approved medication drop box from a DEA registered Collector for purpose of proper destruction of controlled substances.

****TYPE OR PRINT****

CLASS 3A FACILITY

FACILITY OWNER/OPERATOR NAME

D/B/A

MAILING ADDRESS

CITY

STATE

ZIP

BNE CONTROLLED SUBSTANCE LICENSE #

CONTACT NAME

CONTACT TELEPHONE #

CONTACT EMAIL ADDRESS

EXACT PHYSICAL ADDRESS AND LOCATION OF DROP BOX AT 3A FACILITY (i.e., 123 Main St., 2nd floor, Med Room, room 201, south wall)

REQUIRED DOCUMENTATION

Drop Box Photographs Photos of all exposed sides of the box. Photos of all physical security features. Photos of room entrance and security features of the room as well as where the filled liners will be stored.

Copy of Collector's DEA Registration Submit copy of DEA Collector registration for Collector who owns and operates the drop box.

AFFIRMATION and SIGNATURE of CLASS 3A LICENSEE ADMINISTRATOR

1. All photographs and documentation submitted are true and accurate representations of the medication drop box, its location, and security.
2. Licensee is knowledgeable concerning all laws and regulations, both State and Federal, regarding the respective licensed activity and shall comply with such requirements.
3. Comply with all requirements of NYS Title 10 CRR-NY 400.4.
4. Licensee affirms that policies and procedures for all aspects of the use of the medication drop box have been developed and provided to all staff responsible for its use. This includes the proper removal and storage of filled liners from the box.
5. Responsible licensee shall promptly report to the Department of Health each incident or alleged incident of theft, loss, or possible diversion of either controlled substances or Official New York State Prescriptions. Such notification shall be reported on the applicable Department of Health form. **Reporting of such incident to other government agencies does not relieve the licensee of this responsibility.**

I affirm that all information contained on this form is true and correct and that I will abide by all laws and regulations pertinent to controlled substances. False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

NAME

TITLE

SIGNATURE

DATE (M/D/YYYY)

Email this completed application and all supporting documentation to: bnlicensing@health.ny.gov (Subject: Drop Box Request)

Mail only if necessary to: New York State Department of Health
Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, New York 12204

10 CRR-NY 400.4
NY-CRR
OFFICIAL COMPILATION OF CODES, RULES AND REGULATIONS OF THE STATE OF NEW YORK
TITLE 10. DEPARTMENT OF HEALTH
CHAPTER V. MEDICAL FACILITIES
SUBCHAPTER A. MEDICAL FACILITIES—MINIMUM STANDARDS
ARTICLE 1. GENERAL
PART 400. ALL FACILITIES—GENERAL REQUIREMENTS
10 CRR-NY 400.4
10 CRR-NY 400.4
400.4 Contracts.

- (a) Contracts to perform any services for a medical facility issued an operating certificate or certificate of approval shall:
- (1) be in writing, signed by an authorized representative of the facility and the person or agency providing the service and dated;
 - (2) include each party's responsibilities, functions, objectives, financial arrangements and charges;
 - (3) require compliance with all pertinent provisions of this Chapter;
 - (4) include the following language: "Notwithstanding any other provision in this contract, the facility remains responsible for ensuring that any service provided pursuant to this contract complies with all pertinent provisions of Federal, State and local statutes, rules and regulations."
- (b) Medical facilities are hereby authorized, subject to the provisions of this Chapter, to enter into contracts and make arrangements among themselves and among other municipal, State, Federal or privately-owned hospitals, or any medical schools, or other health-related facilities having or utilizing hospital services or facilities, whether or not located in this State or elsewhere, for the:
- (1) mutual use, or exchange of medical resources including, but not limited to, real or personal property or employment of personnel;
 - (2) joint purchases of goods, supplies and services; or
 - (3) development of medical information, techniques and facilities useful in the progress of the medical art; reduction of medical costs and promotion of a more efficient and effective approach to the delivery of health care services.