

**COUNTY OF LOS ANGELES – DEPARTMENT OF PUBLIC HEALTH
 PHARMACY ACCESS TO STERILE SYRINGES:
 THE DISEASE PREVENTION DEMONSTRATION PROJECT (DPDP)**

PHARMACY ENROLLMENT FORM

Introduction:

On September 20, 2004, Governor Arnold Schwarzenegger signed Senate Bill (SB) 1159 which allows licensed pharmacists to sell ten or fewer hypodermic needles or syringes for human use without a prescription in cities and counties that have authorized the Disease Prevention Demonstration Project (DPDP). DPDP is collaboration between pharmacies, and local and state health officials. The purpose of the DPDP is to prevent the spread of HIV, hepatitis, and other blood-borne diseases among injection drug users, their sexual partners, and their children. Pharmacies in cities that have authorized non-prescription sales must enroll with the County of Los Angeles Department of Public Health (LADPH), to participate in this program. SB 1159 requires participating pharmacies to provide consumers with safe disposal options to ensure that these hypodermic needles and syringes are disposed of in an appropriate manner and also provide written information or verbal counseling on how to access drug treatment, and treatment and testing for HIV and hepatitis C.

Instructions: **Please complete both pages of this enrollment form and return by via fax to (213) 975-1273 or via mail to:**

**Disease Prevention Demonstration Project
 Los Angeles County Department of Public Health
 313 N. Figueroa Street, Room 806
 Los Angeles, CA 90012**

LADPH must respond to your enrollment form to formally be registered with LADPH. Allow 10 working days for processing. Please note that submission of this document does not guarantee registration until the County of Los Angeles Department of Public Health provides written approval of this enrollment form.

I. Provider type (Select only one)

- A pharmacy licensed under _____
- A health care practitioner who is otherwise authorized to prescribe the use of hypodermic needles or syringes within his or her scope of practice.
- A health care facility licensed under Article 28 of the Public Health Law.

II. Authorized Provider Information* (please print or type)

***Note:** To register multiple sites, please attach a list of all pharmacies covered under this application. Include each pharmacy's addresses, contact information, and hours of operation.

A. Provider Name: _____

B. Address: _____ City: _____ State: _____ Zip code: _____

C. Telephone Number: _____ Fax Number _____ E-mail: _____

D. Telephone Number for Public Information: _____

E. DPDP Hours of Operation to sell and furnish needles and syringes

Days Open	Hours of DPDP Operation				Other Information about days and hours of operation
	From:	To:	From:	To:	
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

List additional feature or restrictions your DPDP program consumers will need to know:

D. DPDP Provider Designated Contact Person Name: _____ Telephone No: _____

E. Signature of Designated Contact Person: _____

F. Print Name of DPDP Provider authorized to sell and furnish needles and syringes:

Name: _____ Title: _____

III. License Information of Authorized Provider (please print or type)

CA Operating Certificate No: (health care facility applicants only)	CA Permanent Facility Identification (PFI) No. (health care facility applicants only)
CA License No: _____ (practitioner and pharmacy applicants only)	DEA No: _____ (all applicants)
Hypodermic Needle and Syringe Permit No.:	

III. Program Information

To participate in this program, pharmacies that furnish or sell hypodermic needles or syringes without prescription are required to offer safe syringe disposal programs to ensure that these hypodermic needles and syringes are disposed of in an appropriate manner and provide written information or verbal counseling on how to access drug treatment, how to access treatment and testing for HIV and hepatitis C, and how to safely dispose of sharps waste.

A. Safe Disposal Activities (please indicate with an X the type of support service you will be providing)

<input type="checkbox"/>	(Required for all registrants) At a minimum, all registered providers must distribute a safety insert that is developed or approved by the Department of Public Health with each transaction.
<input type="checkbox"/>	Sell or furnish sharps disposal containers
<input type="checkbox"/>	Refer consumers to a sharps disposal program.
<input type="checkbox"/>	Refer consumers to the Los Angeles County Fire Department Health Hazardous Materials Section to locate a nearby collection site for disposal of the full container.
<input type="checkbox"/>	Furnish or make available for purchase mail-back sharps disposal containers.
<input type="checkbox"/>	Other (please specify).

B. Referral Information (please check all that apply)

<input type="checkbox"/>	Provide written information supplied by LADPH on how to access drug treatment and HIV and hepatitis C testing and treatment.
<input type="checkbox"/>	If you have created your own written information on how to access drug treatment and HIV and hepatitis C testing and treatment created or secured by the pharmacy (other than LADPH materials). Please attach materials to be provided to consumers.
<input type="checkbox"/>	If you provide verbal counseling on how to access drug treatment and treatment and testing for HIV and hepatitis C. Please specify all information to be provided: _____

IV. Directory of Providers

Please indicate if you **do not** want to be listed on a directory of DPDP participating pharmacies.

V. Program Evaluation

The State Department of Health is required to conduct program evaluation of this program. Your agency may be contacted to participate in this effort.

VI. Attestation

I attest that the above information is true and accurate and all listed licenses are accurate and in good standing with regard to the applicable licensing authority(ies). The authorized provider will abide by all provisions set forth by the DPDP.

Signature _____ Print name and title _____ Date: _____