

Attestation of Compliance Automated Dispensing System

This form is to be completed and submitted by the currently licensed Class 11 pharmacy who owns, installs, and maintains the Automated Dispensing System (ADS) at the Class 3A facility listed on this form.

****PRINT OR TYPE****

CLASS 11 PHARMACY			CLASS 3a FACILITY		
Legal Name			Facility Name		
d/b/a			d/b/a		
Mailing Address			Address		
City			City		
State	Zip	County	State	Zip	County
BNE Controlled Substance License #		NYS Department of State Entity #	BNE Controlled Substance License #		NYS Department of State #
Contact Name			Contact Name		
Telephone Number			Telephone Number		
E-mail			E-Mail		
Exact physical address and location of ADS at 3a facility (i.e. 123 Main St., 2nd floor, Med Room, room 201, south wall)					

REQUIRED DOCUMENTATION

All documentation listed below must accompany this form.		Date ADS will begin controlled substance activity. ____/____/____
<input type="checkbox"/>	ADS Photographs	Photos of all exposed sides of the ADS. Photos of all physical security features. Photos of room entrance and security features of the room. Photo showing make, model number and serial number.
<input type="checkbox"/>	Copy of DOH-4330 submitted	Submit copy of completed page 1 of Class 11 application for tracking and routing purposes.

ATTESTATION

1. All photographs and documentation submitted are true and accurate representations of the ADS, its location, and security.
2. Responsible licensee is knowledgeable concerning all laws and regulations, both State and Federal, regarding the respective licensed activity and shall comply with such requirements.
3. Responsible licensee will comply with all requirements of NYS Title 10 CRR-NY 400.4
4. 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 applicant of this responsibility.

SIGNATURE

I affirm that all information contained on this form is true and correct to the best of my knowledge, 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.

Class 11 Responsible Party

Print Name	
Title	
Signature	Date

Submit this completed application and all supporting documentation to: narcotic@health.ny.gov (Subject: Class 11 license # Attestation)

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; 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

10 CRR-NY 400.4