



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, P.O. Box 45013

Newark, New Jersey 07101

(973) 504-6450

**Pharmacists Authorized to Furnish Self-Administered
Hormonal Contraceptives**

Pharmacy Name: _____

Pharmacy Practice Site Address: _____

Pharmacy Permit Number: _____

Pharmacy Phone Number: _____

By signing below, the pharmacist affirms that the pharmacist has completed a training program compliant with N.J.A.C. 13:39-14.7, will follow pertinent guidelines offered by the Federal Centers for Disease Control and Prevention, including the United States Medical Eligibility Criteria for Contraceptive Use, and is authorized to furnish self-administered hormonal contraceptives pursuant to the New Jersey Pharmacist Hormonal Contraceptives Protocol. This form will be retained as a medical record for seven years.

Names

Signatures

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

9) _____

10) _____
