

Affidavit

State of _____ }
County of _____ } ss.

I, _____, swear (or affirm) that I am the owner/pharmacist-in-charge of _____ (“Pharmacy”), an Out-of-State Pharmacy seeking registration with the Board of Pharmacy of the State of New Jersey (“Board”), or registered with the Board with registration number _____, and that all information provided in this affidavit is true to the best of my knowledge and belief. I hereby swear (or affirm) that the Pharmacy will not ship, mail, deliver, or distribute in any manner, any compounded product into the State of New Jersey. If, in the future, the Pharmacy wishes to provide any compounded product in New Jersey, the Pharmacy will supply an amended application to the Board, including an updated inspection report from within the last two years, conducted by the regulatory or licensing agency in the state in which the pharmacy is located. The Pharmacy will provide any other such information as the Board deems necessary to determine if such approval will be granted.

I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny, suspend or revoke the Pharmacy’s registration issued by the Board.

Print name of Owner, Partner or Officer

Print name of Pharmacist-in-Charge

Signature

Signature

Subscribed and sworn to me this _____
day of _____, 20_____

Subscribed and sworn to me this _____
day of _____, 20_____

Name of Notary Public (please print)

Name of Notary Public (please print)

Signature of Notary Public

Signature of Notary Public

Affix seal here

Affix seal here