## OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION REGARDING NON-PARTICIPATION BY CHILDREN'S HOSPITAL IN A GROUP PURCHASING ORGANIZATION (GPO)

To meet the eligibility requirements for a children's hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be signed. Incomplete forms will not be processed.

Name of Children's Hospital	
Hospital Address	
	SERVICES. Co.
City, State, Zip	
been accepted into the 340B Progr covered entities, I certify that this h	ved written confirmation from the OPA that it has ram, and is listed on the OPA database of 340B cospital will not participate in a group purchasing arrangement for covered outpatient drugs as of the base.
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Signature of Authorizing Official	29 V4/10
Name & Title of Authorizing Official (please print or type)	Date
Address	
City, State, Zip	<del></del> '
Phone Number	Ext.
E-Mail Address	

The quarterly deadlines for data submission to OPA are December 1 for the quarter beginning January 1; March 1 for the quarter beginning April 1; June 1 for the quarter beginning July 1; and September 1 for the quarter beginning October 1. Submit original, signed form to: HRSA, Office of Pharmacy Affairs, 5600 Fishers Lane, Mail Stop 10C-03, Rockville, Maryland 20857

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project Is 0915-XXXX. Public burden is estimated to average XX minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 14-33, Rockville, Maryland 20857.