OFFICE OF PHARMACY AFFAIRS (OPA) CERTIFICATION REGARDING NON-PARTICIPATION BY DISPROPORTIONATE SHARE HOSPITAL (DSH) IN A GROUP PURCHASING ORGANIZATION (GPO)

To meet the eligibility requirements for a disproportionate share hospital (DSH) to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be signed.

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Name of Disproportionate	Share Hospital		
			
Hospital Address			
	SIR	ACES.	
City, State, Zip		957	
Once the above hospital had been accepted into the 34 covered entities, I certify the organization or group puredate of this listing on the Country	OB Program, and is hat this hospital will chasing arrangemen	listed on the C not participate	OPA database of 340B e in a group purchasing
Signature of Authorizing C	Official Transition	qa	Date
Printed Name of Authorizi	ng Official and Title		
Address			
City, State, Zip			
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.