

The undersigned represents and confirms that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate. The undersigned further acknowledges the 340B covered entity's responsibility to abide by the following:

As an Authorized Official, I certify on behalf of the covered entity and its outpatient facilities that:

- (1) all information listed on the 340B Program database for the covered entity will be complete, accurate, and correct;
- (2) the covered entity will meet all 340B Program eligibility requirements, including section 340B(a)(4)(L)(iii) when applicable – the Group Purchasing Organization prohibition - which ensures that the covered entity hospital does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement;
- (3) the covered entity will comply with all requirements and restrictions of Section 340B of the Public Health Service Act and any accompanying regulations or guidelines including, but not limited to, the prohibition against duplicate discounts/rebates under Medicaid, and the prohibition against transferring drugs purchased under 340B to anyone other than a patient of the entity;
- (4) the covered entity will maintain auditable records demonstrating compliance with the requirements described in paragraph (3) above;
- (5) the covered entity has systems/mechanisms in place to ensure ongoing compliance with the requirements described in (3) above;
- (6) if the covered entity uses contract pharmacy services, that the contract pharmacy arrangement will be performed in accordance with OPA requirements and guidelines including, but not limited to, that the covered entity obtains sufficient information from the contractor to ensure compliance with applicable policy and legal requirements, and the hospital has utilized an appropriate methodology to ensure compliance (e.g., through an independent audit or other mechanism);
- (7) the covered entity acknowledges its responsibility to contact OPA as soon as reasonably possible if there is any material change in 340B eligibility and/or material breach by the covered entity of any of the foregoing; and
- (8) the covered entity acknowledges that if there is a breach of the requirements described in paragraph (3) that the covered entity may be liable to the manufacturer of the covered outpatient drug that is the subject of the violation, and, depending upon the circumstances, may be subject to the payment of interest and/or removal from the list of eligible 340B entities.

Signature of Authorizing Official Date

Name & Title of Authorizing Official and Title	Phone	Email
<i>(please print or type)(e.g.CEO,CFO,COO)</i>		

This registration form must be completed and submitted according to the established deadlines that are published on the OPA website

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 0915-0327. Public burden is estimated to average 0.5 hours 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.

IV. List of Outpatient Facilities:

NAME OF FACILITY & FACILITY'S MEDICARE PROVIDER NUMBER/NPI (If Applicable)	STREET ADDRESS BILLING ADDRESS (if different) SHIPPING ADDRESS (if different)	340B CONTACT (Name, Title, Phone Number, Email Address)	If facility bills Medicaid for 340B drugs subject to a rebate, then you must submit all such MEDICAID PROVIDER NUMBER(S)

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