

Tab 2-10

**340B Program Certification Regarding Non-Participation
in a Group Purchasing Organization**

In order to meet the eligibility requirements for a disproportionate share hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be filled out and returned to the Office of Pharmacy Affairs (OPA).

Disproportionate Share Hospital

Address

City, State, Zip

Once the above hospital has received written confirmation from the OPA that it has been accepted into the 340B program, and is listed on the OPA website of 340B covered entities, I certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs as of the date of this listing on the OPA website.

Signature

Date

Printed Name and Title

Address

City, State, Zip

_____ Ext. _____
Phone Number

eMail Address

A signed original must be submitted to:
Office of Pharmacy Affairs
5600 Fishers Lane, Mail Stop 10C-03
Rockville, Maryland 20857