

Read each statement carefully, following the instructions below.

- If the statement is true, review and attest to each statement below by marking YES.
- If the statement is not true, mark NO and provide a detailed explanation on a separate document referencing the statement.

I certify the following:

- | | | |
|-----|----|--|
| Yes | No | I will ensure that all employees of the Applicant Facility will be evaluated and supervised sufficiently to protect and maintain the quality, safety, and security of drugs. |
| Yes | No | I will develop and, as necessary, update written policies and procedures that ensure reasonable preparation for, protection against, and handling of any facility security or operation problems, including, but not limited to, those caused by natural disaster or government emergency, inventory inaccuracies or drug shipping and receiving, outdated drug, appropriate handling of returned goods, and drug recalls. |
| Yes | No | I am regularly on-site and actively involved in and aware of the Applicant Facility's actual daily operations. |
| Yes | No | I am physically present at the Applicant Facility during normal business hours except when absence is authorized, including but not limited to sick leave and vacation leave. |
| Yes | No | I do not serve as the Facility Manager or Designated Representative for more than one Applicant Facility or licensee. |
| Yes | No | I will operate in compliance with all state and federal laws and regulations applicable to Applicant Facility. |

Acknowledgment

I, the undersigned, do hereby certify that all the information contained in form and the accompanying application and documents is true and correct and that the Applicant Facility will be operated in compliance with all applicable laws and regulations.

FURTHER AFFIANT SAYETH NOT.

Facility Manager or Designated Representative Signature Print Name Date

Notary Acknowledgment

State of _____. I certify the following person personally appeared before me on this day, acknowledging that he or she signed the foregoing document _____.
Name of Facility Manager/Designated Representative

Subscribed and sworn to before me on this ____ day of _____, 20____.

Notary Signature

Print Name of Notary

Date Notary Commission Expires

(Seal)