

****PLEASE PRINT OR TYPE****

AUTHORIZED PROVIDER INFORMATION

Legal Name		Telephone	Telephone for Public Directory
d/b/a		<input type="checkbox"/> Check if you do <u>not</u> want to be listed in the public directory of ESAP providers	
Street		Fax	
City		E-Mail	
State	Zip	[Hatched Area]	

PROVIDER TYPE

<input type="checkbox"/> Pharmacy licensed under Article 137 of the New York State Education Law	New York State Board of Pharmacy Registration # ENTER HERE → _____
<input type="checkbox"/> Health care practitioner who is authorized to prescribe the use of hypodermic syringes and needles within his/her scope of practice	New York State Education Department License # ENTER HERE → _____
<input type="checkbox"/> Health care facility licensed under Article 28 of the Public Health Law*	Department of Health Operating Certificate # ENTER HERE → _____
<p>*Health care facilities may register off-site locations to sell or furnish hypodermic syringes and needles on their behalf. If you are registering off-site locations, please check the box below and attach to this application a listing of the names and addresses of the sites.</p> <p><input type="checkbox"/> Please register the off-site location(s) shown in the attached listing to sell or furnish hypodermic syringes and needles.</p>	

DESIGNATED ESAP ADMINISTRATOR

Each Authorized Provider must designate an individual to have administrative responsibility for the provider's participation in ESAP.

Name	Title
Street	Telephone
City	Fax
State	Zip
	E-Mail

OFFICE USE ONLY

<input type="checkbox"/> Approved ___/___/___ <input type="checkbox"/> Other ___/___/___ Comment(s) _____ _____ Reviewer: _____	<p>COMPLETE INFORMATION ON REVERSE</p> <p>→ → → → →</p>
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SAFE DISPOSAL ACTIVITIES

- ✓ All ESAP registrants who sell or furnish hypodermic syringes and needles must cooperate in activities that support safe disposal of used syringes and needles.
- ✓ Hospitals are required to accept used syringes and needles for disposal.
- ✓ Pharmacy and practitioner ESAP registrants may accept syringes and needles for disposal subject to registration under the New York State Safe Sharps Collection Program and in compliance with applicable local, state and federal laws.

Support service(s) you will provide (check all that apply)

<input checked="" type="checkbox"/> Option 1	Distribute with each transaction a safety insert that is developed or approved by the Department of Health. REQUIRED FOR ALL ESAP REGISTRANTS.
<input type="checkbox"/> Option 2	Sell or furnish personal sharps disposal containers.
<input type="checkbox"/> Option 3	Refer consumers to a safe sharps collection site.
<input type="checkbox"/> Option 4	Refer consumers to the Department of Health's HIV/AIDS Information Line to identify disposal sites. English (800) 541-AIDS SPANISH (800) 233-SIDA TDD (800) 369-AIDS
<input type="checkbox"/> Option 5	Provide information about safe sharps disposal within households as per local ordinances.
<input type="checkbox"/> Option 6	Accept syringes and needles from consumers for disposal. If the Authorized Provider is other than a hospital, registration in the New York State Safe Sharps Collection Program is required. By checking this option, you are requesting that an application and information regarding the Program requirements be mailed to you.
<input type="checkbox"/> Option 7	Other: Please describe.

PROGRAM EVALUATION

- Check here if you are willing to participate in program evaluations by providing hypodermic syringe and needle transaction data to the Department of Health.

AUTHORIZED PROVIDER ACKNOWLEDGEMENT AND ATTESTATION

The Authorized Provider attests that upon registration, it will abide by the provisions of Sections 80.131 and 80.137 of the Part 80 Rules and Regulations on Controlled Substances in New York State and the provisions contained in this application.

The Authorized Provider also attests that it is in good standing with the applicable licensing authority(ies) and that no action of any sort has been taken that would bring such good standing into question.

The Authorized Provider further acknowledges and agrees that the ESAP registration may be terminated by the Department of Health in the event that it fails to comply with the provisions of ESAP or it is determined by the Department of Health (or other applicable licensing authority) that it was not in good standing at the time of application or any time thereafter.

Name	Title
Signature of Applicant (or Authorized Representative)	Date

****SUBMISSION OF AN APPLICATION DOES NOT CONSTITUTE REGISTRATION.**

SYRINGES AND NEEDLES MAY NOT BE SOLD WITHOUT A PRESCRIPTION OR ACCEPTED FOR DISPOSAL UNDER ESAP UNTIL AN ESAP CERTIFICATE OF REGISTRATION IS ISSUED.**

Please return your completed application to:

**New York State Department of Health
Bureau of Narcotic Enforcement
Riverview Center
150 Broadway
Albany, New York 12204**