

Maryland Board of Pharmacy
 4201 Patterson Avenue
 Baltimore MD 21215-2299
 Phone: 410-764-4755
 Fax: 410-358-6207
 www.health.maryland.gov/pharmacy



Pharmacist Contraceptive Training Notification Form

Notification is required for pharmacists who wish to prescribe and dispense contraceptives as set forth under COMAR 10.34.40.

Mail to Maryland Board of Pharmacy, P.O. Box 1991, Baltimore, MD 21203-1991; email to mdh.mdbop@maryland.gov, or fax to 410-358-6207.
 PRINT OR TYPE ONLY

ATTENTION: THIS FORM MUST BE COMPLETED AND RETURNED TO THE BOARD AT LEAST FIFTEEN (15) DAYS BEFORE PRESCRIBING CONTRACEPTIVES (COMAR 10.34.40.03B). APPLICANTS MAY NOT PRESCRIBE CONTRACEPTIVES UNTIL THEY HAVE RECEIVED WRITTEN CONFIRMATION FROM THE BOARD THAT THIS APPLICATION HAS BEEN ACCEPTED (COMAR 10.34.40.03B(3)).

SECTION 1 – PHARMACIST INFORMATION				
Name:				
Maryland License #:		License Expiration Date:		
Street Address:				
City:		State:		Zip:
Home Phone:				
Work Phone:				
Email Address:				

BOARD-APPROVED TRAINING PROGRAM	DATE OF COMPLETION
Board-Approved Training Program Completed:	

(PLEASE ATTACH A COPY OF PROGRAM COMPLETION NOTIFICATION)

OR

- I have undergone training for prescribing contraceptives as part of my formal pharmacy educational program and am thus exempt from the training program requirement pursuant to COMAR 10.34.40.03B(2)(a).

I certify that the above information is true, correct, and complete; and if such approval is granted, I agree to abide by the laws surrounding pharmacists prescribing contraceptives in the State of Maryland, all civil and criminal laws, as well as the rules and regulations promulgated by the Maryland Board of Pharmacy. By signing this notification form, I understand that any violation of these laws, rules or regulations may constitute grounds for revoking this approval to prescribe and dispense contraceptives in the State of Maryland.	
Signature:	_____
Date:	_____