

**KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 SW JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420**

FOR OFFICE USE ONLY

REG NUMBER: _____

DATE: _____

**Utilization of Unused Medications
Unused Medications Manifest
ADULT CARE HOME
DECLARATIONS PAGE**

I certify that the medications listed on the attached manifest meet the following requirements of KAR 68-18-1

1. The name of the patient or resident and all of the patients or residents personal identifiers has been removed in order to protect confidentiality
2. The qualifying center or clinic is willing to accept each unused medication
3. The qualifying center or clinic has a consulting pharmacist and is registered with the board to accept unused medications

Name of Adult Care home Administrator

Signature

Date

