CERTIFICATION OF THE DESTRUCTION
of New Jersey Prescription Blanks (NJPBs)

Date:

Send to:

New Jersey Office of the Attorney General
Division of Consumer Affairs
Drug Control Unit - NJPB
124 Halsey Street, 6th floor, P.O. Box 45045
Newark, New Jersey 07101

Telephone: 973-504-6200
Fax: 973-504-6326
E-mail: NJPB@dca.njoag.gov

Person destroying NJPBs:

Name: _____
Title: _____
Affiliation: _____
(Name of prescriber or healthcare facility)
Street address: _____
City: _____ State: _____ ZIP code: _____
Telephone #: _____ *(include area code)* Fax #: _____ *(include area code)*
E-mail address: _____

Consistent with the security objectives of the Uniform Prescription Act, all prescribers or healthcare facilities using New Jersey Prescription Blanks (NJPBs) must notify the Division of Consumer Affairs' Drug Control Unit of the destruction of NJPBs. The person who shall witness the destruction of the prescriber/healthcare facility NJPBs, shall complete this form. **Note:** The person destroying the NJPBs cannot be the same person who witnesses the destruction.

A separate certification form must be used for each unique batch number or unique order month (15 digit ID). A photocopy of the first and last serial numbers for the NJPBs in the batch must be submitted with this certification. Acceptable means of destruction include shredding, burning, pulping, or pulverizing the NJPBs so that every NJPB is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed. Upon destruction, this completed and signed form along with the NJPB copies, must be e-mailed or mailed to the Drug Control Unit at the above address. If mailing in the certification form and documents, please retain a copy of your submission for your records.

I. Description of the NJPB Destroyed

Name of prescriber(s) or healthcare facility appearing on the NJPB:

_____

Professional license number(s) or healthcare facility provider number appearing on the NJPB: _____

Street address: _____

City, State, ZIP code: _____

Telephone #: _____ *(include area code)* Fax #: _____ *(include area code)*

DEA #: _____ Batch #: _____ Serial #: Start _____ End: _____

Quantity destroyed: _____ Date of destruction: _____ 15 Digit ID #: Start _____ End: _____

II. Reason for Destruction

Check applicable incident and complete section III. Method of Destruction of this form.

☐ Unused blanks ☐ Board Order ☐ Damaged/Spoiled ☐ Other *(Please attach a detailed description to this form.)*

III. Method of Destruction

☐ Pulp ☐ Shred ☐ Incinerate ☐ Pulverize

IV. Comments

If you have additional comments, please attach a detailed explanation to this form.

Witness Certification

I, _____ *(print name)*, being of full age, certify and say under penalty of false statement, that I am the person described and identified in this certification; that the information given in this certification and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, I and/or the licensee may face legal sanctions. I understand that in signing this certification of destruction, I am consenting to any reasonable inquiry that may be necessary to verify the information that I have provided on this form or may provide in conjunction with this certification.

_____ Name of witness *(print)*

_____ *Title* of witness *(print)*

_____ Signature of witness to destruction of NJPBs

Street address: _____

City, State, ZIP code: _____