

Affidavit Regarding Internet and/or Mail Order Pharmacy Activity

This matter was opened to the New Jersey State Board of Pharmacy by application of _____ *to operate in the State of New Jersey*. The applicant, who may engage in internet and/or mail order pharmacy activity under a retail permit commencing either or both of the above listed services:

1. _____ is hereby granted a retail permit to operate a pharmacy in the State of New Jersey, subject to the following ongoing conditions set forth in paragraphs 2 through 4 below.
2. _____ ("applicant") shall obtain the National Association of State Boards of Pharmacy Verified Internet Pharmacy Practice Site Certification prior to engaging in internet or online dispensing.
3. The applicant shall make all reasonable efforts to ensure that all prescriptions received via the internet, or by mail, are valid, to wit, there exists a prescriber-patient relationship and that a reasonable and prudent pharmacist would believe that the patient has been physically examined by the prescriber or the collaborating physician. The applicant shall not accept any prescription for dispensing where he knows or should have known that the prescription has been written pursuant to an online diagnosis or survey by a prescriber.
4. The applicant shall not act as a facilitator of prescriptions being transferred by the internet or by mail to any pharmacy in or outside of the United States that he knows or should have known dispenses in violation of the conditions set forth in Paragraph 3 of this Order. This paragraph shall not preclude the routine transfer of the prescription as requested by the patient as authorized by State and federal law.

Affidavit of Applicant

I _____, agree being duly sworn, depose and say under penalty of false statement, I am the party described as above; that the information given in this Affidavit and 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 may face legal sanctions. I understand that in signing this Affidavit, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided in this document.

Applicant's Full Signature

Date

Notary's Full Signature

Date

Notary's Commission Expires: _____