

AFFIDAVIT

State of _____)
County of _____) ss.

I, _____, swear (or affirm) that I am the owner/pharmacist-in-charge of _____ ("Pharmacy"), an Out-of-State Pharmacy seeking registration with the Board of Pharmacy of the State of New Jersey (the "Board"), or registered with the Board with registration number _____, and that all information provided in this affidavit is true to the best of my knowledge and belief. I hereby swear (or affirm) that the Pharmacy will not ship, mail, deliver, or distribute in any manner, any sterile compounded product into the State of New Jersey. If, in the future, the Pharmacy wishes to provide any sterile compounded product in New Jersey, the Pharmacy will make application to the Board, provide responses to the Board survey and provide such other information as the Board deems necessary to determine if such approval will be granted.

I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny, suspend or revoke the Pharmacy's registration issued by the Board.

Print Name of Owner, Partner
Or Officer

Print Name of Pharmacist-in-
Charge

Signature

Signature

Sworn to before me this _____
day of _____,
202____

Sworn to before me this _____
day of _____,
202____

Notary Public (signature)

Notary Public (signature)

Notary Public (print name)

Notary Public (print name)

Commission expires:

Commission expires:

[Affix seal here]

[Affix seal here]