

DELEGATED DISPENSING AGREEMENT

Effective Date: _____

This agreement is between

Delegating Pharmacist: Name - _____ License # - _____

Public Health Clinic:

Name: _____

Address: _____
Street City State Zip

Telephone: _____ Fax: _____

Individuals that will be dispensing drugs and devices from the approved formulary under this delegated dispensing agreement:

This agreement pertains only to the dispensing of drugs and devices from the approved formulary by _____ at the address noted above pursuant only to legally written prescriptions from prescribers licensed in the State of Nebraska.

This agreement shall be in place until either of the parties terminates the agreement or above mentioned individuals leave the employment of _____ or until the delegating pharmacist terminates the agreement.

_____ will provide assurance that the following items are in place:
(Delegating Pharmacist)

1. Policy and Procedure manual is current and covers all aspects of record keeping for all drugs/devices received, stored, transported and dispensed.
2. Validate that all dispensing activities related to drugs/devices from the approved formulary are done according to the established protocols and State statutes and regulations to insure safety of the staff and the consumer/patient.
3. Validate that the Policy and Procedure manual is reviewed and updated as needed on a yearly basis.
4. Provide monthly inspections of the facility related to dispensing activities and overall review that safe practices are being maintained.
5. Written inspection reports will be provided indicating areas that are in compliance and areas that are deficient including appropriate follow-up measures.
6. Validate that all staff has demonstrated competencies and have had yearly training related to the handling and dispensing of drugs/devices from the approved formulary.

The undersigned parties agree that they will be dispensing pursuant to this agreement and will work within the Policy and Procedure manual of _____.

Signatures required from all individuals that will be dispensing under this agreement and the delegated pharmacist: