

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
Disease Prevention Demonstration Project
PHARMACY REGISTRATION

PHARMACY NAME

SPECIFIC LOCATION (ADDRESS WITH ZIP CODE)

CONTACT PERSON NAME AND TITLE (PLEASE PRINT)

TELEPHONE

FAX

AUTHORIZED SIGNATURE

CA PHARMACY LICENSE #

1. I have read the ordinance and am familiar with the details of the **Disease Prevention Demonstration Project**.
2. I hereby attest that this pharmacy will provide customers with written or oral information as described below at the time of furnishing or selling hypodermic needles or syringes:
 - A. How to access drug treatment
 - B. How to access testing and treatment for HIV and hepatitis C
 - C. How to safely dispose of sharps waste
3. The above named pharmacy is a registered participant in the San Francisco Department of Public Health **Disease Prevention Demonstration Project** authorized by San Francisco City and County Ordinance 041611 and CA SB 1159.
4. As a participant in the **Disease Prevention Demonstration Project** I understand that I must contact the Clean Needle Disposal Project (San Francisco Recycling and Disposal) directly at 415-330-1400 if I wish to obtain services from them.

For more information, contact: San Francisco Department of Public Health
AIDS Office, HIV Prevention
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102
415-554-9492 Fax: 415-431-7154

