

DELEGATED DISPENSING AGREEMENT

Effective Date: _____

This agreement is between

Delegating Pharmacist: Name - _____ License # - _____

Dialysis Drug and Device Distributor:

Name: _____

Address: _____
Street City State Zip

Telephone: _____ Fax: _____

Name and signature of individuals who will be dispensing legend drugs or devices under this delegated dispensing agreement:

Pharmacist(s) who will assume responsibility of the delegating pharmacist:

Name	License #
_____	_____
_____	_____
_____	_____

This agreement pertains only to the dispensing of drugs and devices 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 _____.

_____ 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 and devices received, stored, transported and dispensed.
2. Validate that all dispensing activities related to drugs and devices 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 dispensing of drugs and devices.

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 delegating pharmacist: