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Account No.: _____

As you know, under Florida law a health care clinic establishment (HCCE) permit is required for the purchase of a prescription drug by a place of business at one general physical location that provides health care or veterinary services, which is owned and operated by a business entity that has been issued a federal employer tax identification number. This requirement may apply to you if you are a physician practice group or clinic that operates as a separate legal entity with its own federal employer tax identification number.

The HCCE permit requirement does not affect the ability of a physician, either individually or through the physician's sole proprietorship, to purchase drugs under his or her own name and medical license number, without the need for an HCCE permit. In addition, we believe that the Florida Department of Health has clarified that a physician in a group practice or clinic who wants to order prescription drugs in his or her own name and medical license number, for use at the practice or clinic, may do so without an HCCE Permit, if the physician clearly specifies his or her intention of purchasing the drugs under the authority of his or her license and acknowledges responsibility for the drugs. The physician may also provide billing directions, and any invoices and shipping documents must reflect the name and medical license number of the physician to whom the drugs are sold. The following declaration has been created to confirm the intention of any physician who wishes to purchase drugs under this scenario.

DECLARATION OF INTENTION

By my signature below, I hereby declare that:

1. I have the authority pursuant to applicable law to order, purchase, and store prescription drugs under the authority of my State of Florida license number _____.
2. All prescription drugs to be shipped by you to the following entity and address are being purchased by me under the authority of my license:

Entity Name and Address: _____

3. I am directing you (or, if this is a drop shipment transaction, the billing wholesaler) to remit bills for the prescription drugs to entity at the address specified in Section 2.
4. I will be responsible in all respects for the receipt, recordkeeping, storage and handling of any prescription drugs purchased under the authority of my license and shipped to the address specified in Section 2.
5. I will notify you of any changes to the license on this account or if any of the above statements is no longer true.

Physician Name: _____

Signature: _____

Date: _____