



**Colorado Rural Independent Pharmacy Attestation
House Bill 25-1222 - Preserving Access to Rural Independent Pharmacies**

Instructions: Please email completed form to : pharmacyrelations@prescriptive.com

Prescription Drug Outlet Name (DBA): _____
Address: _____
City, State, Zip: _____
Phone Number: _____
Pharmacy License Number (DPO): _____
Federal EIN: _____ Date Submitted: _____
National Provider Identifier (NPI) Number(s): _____
NCPDP # _____ PSAO Name _____

By initialing below, I attest that the prescription drug outlet:

_____ Maintains a current, active license issued by the Colorado Department of Regulatory Agencies, Division of Professions and Occupations.

_____ Is privately owned by at least one "licensed pharmacist" with a current, active license issued by the Colorado Department of Regulatory Agencies, Division of Professions and Occupations.

_____ Has **NO** ownership interest by or affiliation with a chain pharmacy.

_____ Has **NO** ownership interest by or affiliation with a publicly traded prescription drug outlet.

Certification: I certify that the information contained in this form has been reviewed and is complete and correct to the best of my knowledge and understanding, and the attestation is made in good faith.

Name (Print): _____
Title: _____
Email: _____
Phone: _____

Signature: _____ Date: _____