



Collector Application Form

Colorado Household Medication Take-Back Program

Please complete this application form if you are a law enforcement agency, DEA-registered retail pharmacy, or DEA-registered hospital/clinic (with an on-site pharmacy) interested in participating as a collector in the Colorado Household Medication Take-Back Program.

The Colorado Department of Public Health and Environment (department) has contracted the services of a DEA-registered transporter to provide equipment and materials to approved collectors for medication collection and shipment to a disposal location. The department will be billed directly by the transporter and pay all equipment, materials and shipping costs. These department-provided services are subject to annual funding availability.

Every effort will be made to include as many applicants in the program as possible. The department reserves the right to deny an application if program funding is unavailable or insufficient to support the proposed collection location; or if the proposed location does not support the department's goal of establishing a state-wide collection network with broad citizen access.

A denied application does not prevent a law enforcement agency, DEA-registered retail pharmacy, or DEA-registered hospital/clinic (with an on-site pharmacy) from collecting medications outside of this program. However, the department will not be able to provide funding to support these collection activities.

Section I - All applicants complete this section:

1. Law enforcement agency, pharmacy, or hospital/clinic (with on-site pharmacy) name:

Dinoosaur Marshal's Office

2. Address of proposed collection location:

317 Stegosaurus FWY, Dinosaur, CO., 81610

3. Primary Contact name:

Laurance Elarton

4. Primary Contact phone and e-mail:

9703742296 lelarton@townofdinosaur.org

5. Primary Contact mailing address:

PO Box 238, Dinosaur, CO., 81610

Section II - Law enforcement agencies complete this section

1. Proposed collection method(s):

Collection receptacle Take-back event(s) _____ Both _____

2. If proposing a take-back event(s), indicate, if known, approximate event schedule and location(s):
-

Section III - Retail pharmacies and hospital/clinics (with on-site pharmacies) complete this section

1. DEA registration number _____
2. This DEA registration was amended to allow collection of controlled substances - Yes ____ No ____
Important - If answered No, do not amend your DEA registration until your application is approved.

Section IV - Terms and Conditions

1. Applicants accepted as program participants agree to the following terms and conditions.

Approved applicants shall:

- a. Comply with the Rules and Regulations Governing the Colorado Household Medication Take-Back Program, 6 CCR 1010-23 as of their effective date.
- b. In the case of retail pharmacies and hospitals/clinics (with on-site pharmacies), have a properly amended DEA registration allowing the collection of controlled substances from ultimate users.
- c. Develop and implement a Medical Waste Management Plan within 30-days of application approval.
- d. Utilize the services and materials provided by a department-contracted transporter for the collection of medications, packaging, and shipment to destruction. Transporter-provided materials must not be used for any other purpose.
- e. Allow advertisement of their collection location in published, broadcast, or otherwise distributed program promotional materials.
- f. Notify the department of intent to cease medication collection activities. Every effort must be made to provide such notice at least 30 days prior to cessation of collection activities.

By signing and submitting this application, the applicant agrees to the terms and conditions listed above.

Signature of Authorized Official: _____

Printed Name of Authorized Official: Laurance Elarton

Title of Authorized Official: Chief Marshal/Town Manager

Date: 6-15-2021

When completed, sign and return this application to Greg Fabisiak via e-mail: greg.fabisiak@state.co.us; FAX: 303-753-6809; or mail: CDPHE, 4300 Cherry Creek Drive South, DEHS-A2, Denver, CO 80246.

Lynette Myers

For department use only.

The department will review this application and if approved will sign below and return a copy to the applicant.

CDPHE Signature: *Lynette Myers*

Printed Name: Lynette Myers

Title: Medication Takeback Coordinator

Date: 6/24/21

Rev. 03/28/18