

Tab 2-2

**Certification By Appropriate State Or Local Government Official That
(a Private Non-Profit Hospital) Is Under Contract To Provide Health Care Services
To Low Income Individuals**

In order to meet the eligibility requirements for a private non-profit disproportionate share hospital to buy discounted outpatient drugs under Section 340B of the Public Health Service Act, this certification must be filled out and returned to the Office of Pharmacy Affairs.

Disproportionate Share Hospital _____

City, State, Zip _____

Contact _____ Title _____

Ext. _____
Phone Number _____ e-Mail Address _____

Pursuant to the requirement of section 340B of the Public Health Service Act (42 U.S.C. 256b), I certify that Contract No. _____ between (State or local government entity) and _____, a Disproportionate Share Hospital, is currently valid and requires that the named private non-profit hospital provide health care services to low income individuals who are not entitled to benefits under Title XVIII of the Social Security Act or eligible for assistance under the State plan of Title XIX under this Act. In addition, I certify that when this contract is no longer valid, I will provide appropriate notice to the Office of Pharmacy Affairs.

Signature of State or Local Government Official in Supervisory Capacity _____

Name _____ Date: _____

Title and Unit of Government _____

Address _____

Ext. _____
Phone Number _____ e-Mail Address _____