

**Community Pharmacy Emergency Supply Service 2015/16
Pharmacy Contractor Sign Up and Assurance sheet**



Pharmacy contractors are advised that incomplete submissions will be returned or may be rejected.

Signed for and on behalf of NHS England (Derbyshire /Nottinghamshire Area Team)

Signature	/ /2015
	Director of Commissioning

Signed for and on behalf of:

Company name		ODS code	F
Pharmacy name (if different)			
Address			
I confirm that I have received the request from NHS England and the accompanying service level agreement and service specification for the provision of the emergency supply service. I agree to provide the service in a manner compliant with the requirements of the service level agreement and service specification.			
Signature	/ /2015		
Name:	Job title:		

Please return completed sheets to Chris Kerry, Primary Care, NHS England North Midlands, Birch House, Southwell Rd West, Rainworth Nottinghamshire NG21 0HJ or by fax : 01623 673010.