

**OFFICE OF PHARMACY AFFAIRS (OPA)  
CERTIFICATION REGARDING NON-PARTICIPATION BY A COVERED ENTITY HOSPITAL  
IN A GROUP PURCHASING ORGANIZATION (GPO)**

To demonstrate that the hospital meets the statutory definition of covered entity under section 340B(a)(4)(L)(iii) that requires that the hospital does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement, this certification must be signed. This is a requirement for Disproportionate Share Hospitals, Children's Hospitals, and Free Standing Cancer Hospitals.

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Hospital Address

\_\_\_\_\_  
City, State, Zip

The undersigned represents and confirms that he/she is fully authorized to legally bind the covered entity and certifies that the contents of any statement made or reflected in this document are truthful and accurate. I certify that this hospital will not participate in a group purchasing organization or group purchasing arrangement for covered outpatient drugs as of the date of this listing on the OPA database. If drugs are purchased using a GPO for covered outpatient drugs while participating in the 340B Program, the covered entity understands that this violates program eligibility requirements and that the covered entity is obligated to inform OPA and may be required to repay manufacturers for the 340B discount received.

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorizing Official and Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

Ext. \_\_\_\_\_

\_\_\_\_\_  
E-Mail Address