DOH/Coordinator completes lines 1 – 6

1. Name of Participant Organization: **Wyckoff & Bleeker Drugs Inc**

2. Address: **235 Wyckoff Avenue**

    City: **Brooklyn**　　　　　　　　　　　　　　ST: **NY**　　　Zip: **11237**

3. Name of Director: **Ruben Safir**

    Title: **Supervising Pharmacist**

4. Telephone Number: **718-366-3300**　　　ext.　　　　　　　　　　Fax: **718-366-3302**

5. Email: **ruben@mrbrklyn.com**

6. This replaces _____ ,
    who previously signed this agreement for the organization.

DOH/Coordinator completes line 7; Director signs line 8 in presence of Notary

I have read and understand the HPN Participant Organization Security and Use Policy (aka Document 1) and the HPN Individual User Security and Use Policy and Application (aka Document 2). I understand that submitting this completed document will result in my being given access to the HPN and assigned the status of HPN Coordinator. I have read Schedule "1.A" and agree that, as the subject HPN coordinator, I will exercise these duties and responsibilities in a timely and effective manner. I have the authority to bind the Participant Organization identified below to these terms and conditions, and I agree to the terms and conditions set forth in this document including its schedules and in Document 2 including its schedules. I will actively use my HPN account to execute my responsibilities an HPN Coordinator in a timely manner. I understand that violation of the HPN policies and procedures as stated may result in revocation of HPN access and possible legal action.

7. HPN User ID (if one exists): **rs664210**　　　　**OR**

    Month/Day of Birth: **04/01**　　　　　Temporary Access Word: _____
    (Used to ensure a unique account)

8. **Signature of Organization Director**: _____ Date: ____/____/____

Notary completes lines 9 – 10

9.) ss.: On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared

Ruben Safir _____ , personally
known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned
in_____.
　　　　　　　　　　　　　　　　(insert the city or political subdivision and the state the acknowledgement was taken)

10. **Notary signature** and stamp here: _____

Please keep a copy for yourself but send this page to:
NYSDOH, CAMU Supervisors, 800 North Pearl Street, Room 214
Albany, NY 12204

110000065694