



Registration for Listing Your EC Pharmacy

The Massachusetts EC Network is working with the Pharmacy Access Partnership to list participating EC pharmacies. To list your pharmacy on the Massachusetts EC Network website, the www.EC-Help.org website, and the Not-2-Late website and hotline, please complete the following information and fax this form to **(617) 338-2532** or mail to **41 Winter Street, Suite 65, Boston, MA 02108**.

PLEASE PRINT CLEARLY

PHARMACY INFORMATION (for public listing):	
Pharmacy Name:	
Street (<i>name and number</i>):	
City:	State: <input type="checkbox"/> Alaska <input type="checkbox"/> Hawaii <input type="checkbox"/> Maine <input type="checkbox"/> New Mexico <input type="checkbox"/> Washington <input type="checkbox"/> New Hampshire <input type="checkbox"/> Massachusetts
Zip:	Cross Street:
County:	
Pharmacy Phone:	Store Hours:
Is your pharmacy open to the general public? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If No, what type of services do you offer?</i>	
<input type="checkbox"/> College Student Health Services	<input type="checkbox"/> Indian Health Services
<input type="checkbox"/> HMO Patients only (<i>please specify</i>)	<input type="checkbox"/> Other (<i>please specify</i>)

EC PHARMACIST CONTACT INFORMATION (confidential):		
First Name:	Last Name:	
Phone:	E-Mail:	Pharmacy Fax:
<i>Your signature indicates that we have your authorization to list the above pharmacy on this web site as a provider of EC</i>		
Signature:	Date:	

If you decide NOT to provide EC Services after listing on this Web site, please call us at 617-556-8800 x15 or Fax: 617-338-2532 so we can remove your pharmacy from this list.

For EC provider resources including educational and promotional materials visit www.PharmacyAccess.org