

**ADDITIONAL SIGNATURE PAGE**

By signing below, I attest that I read and understand the Board-authorized protocol,  
entitled: \_\_\_\_\_  
and that I will follow all guidelines and requirements included in the Board-authorized  
protocol.

\_\_\_\_\_  
Pharmacist Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pharmacist Kentucky License Number

\_\_\_\_\_  
Pharmacist Signature

Course Taken for Training: \_\_\_\_\_

Provider of Training: \_\_\_\_\_

Date Training Completed: \_\_\_\_\_