

## **COST-CONTAINMENT EXEMPTION FORM FOR FREE-STANDING PHARMACY VENDORS**

North Carolina WIC vendors that are free-standing pharmacies can provide only exempt infant formula and WIC-eligible nutritionals through the WIC Program. To confirm that you adhere to this policy, please provide the information requested and sign below.

PHARMACY NAME: \_\_\_\_\_

PHARMACY STORE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE: (\_\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, certify that \_\_\_\_\_  
*Print Name of Owner/Officer* *Print Name of Pharmacy*

provides only exempt infant formula and WIC-eligible nutritionals through the North Carolina WIC Program.

\_\_\_\_\_  
*Signature of Owner/Officer*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Title (If Officer)*

***Please complete this form and return to the Nutrition Services Branch via fax or mail.***