



MINNESOTA BOARD OF PHARMACY

EXHIBIT D: AFFIDAVIT OF NON-COLLUSION

I swear (or affirm) under the penalty of perjury:

1. That I am the Responder (if the Responder is an individual), a partner in the company (if the Responder is a partnership), or an officer or employee of the responding corporation having authority to sign on its behalf (if the Responder is a corporation);
2. That the attached proposal submitted in response to the Integration of Access to the MN Prescription Monitoring Program Data into the Clinical Workflow via Electronic Medical Record System or Pharmacy Operations Software. Request for Proposal has been arrived at by the Responder independently and has been submitted without collusion with and without any agreement, understanding or planned common course of action with, any other Responder of materials, supplies, equipment or services described in the Request for Proposal, designed to limit fair and open competition;
3. That the contents of the proposal have not been communicated by the Responder or its employees or agents to any person not an employee or agent of the Responder and will not be communicated to any such persons prior to the official opening of the proposals; and
4. That I am fully informed regarding the accuracy of the statements made in this affidavit.

Responder's Entity Name: _____

Authorized Applicant Name (Print) _____

I certify I am the above named person and I agree to the affidavit items listed in this document.

Authorized Signature: _____

(Sign in the presence of a Notary Public)

Date: _____

NOTARY PUBLIC USE ONLY

Subscribed and sworn before me in the County of _____, State of _____, this ____ day of _____ 20____

Notary Public _____

Notary Public Seal

My Commission expires: _____