

**SIGN-UP FORM FOR THE DIRECTORY OF PROVIDERS OF EMERGENCY CONTRACEPTION**

**Emergency Contraception Hotline (1-888-NOT-2-LATE)**

**Emergency Contraception Website (<http://not-2-late.com>)**

Before completing this form, please make sure that you are not already listed in the Directory by calling the Hotline or browsing the Website. If you are not already listed, complete, sign, and return this form. If you are already listed but your information has changed or you want to be removed from the Directory, please mail us a written request. We will send a provider information verification form annually for your review. Thank you for your participation.

**Please notify everyone on your staff (*especially those who answer the telephone*) that you offer emergency contraception and that you will be listed in the Directory.**

Please note that the Website and Hotline will normally list only the clinic/office/pharmacy name, city, state, telephone number, website address, and whether your services are limited to qualified clients (*e.g.* a student health service that serves only enrolled students). We ask for additional information on this form for our records, so please complete the entire form.

Name of clinic/office/pharmacy: \_\_\_\_\_  
(Check where to send verification form: Clinic:  Administrative office noted at bottom of form: )

Administrative contact: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ (toll numbers only—no 800 numbers or extensions can be listed)

Centralized Appointment Number: ( ) \_\_\_\_\_ Toll Free Number: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Website address: \_\_\_\_\_

If—and only if—the clinic/office/pharmacy name and telephone number are insufficient to get a client to an appropriate person, indicate below what additional information would be required (*e.g.* name of clinician):  
\_\_\_\_\_

*If your practice sees exclusively only certain types of patients (e.g. students, teens, established clients), please indicate by checking the appropriate box so that we can put this information on both the Website and Hotline.*

- |   |  |
|---|--|
| <input type="checkbox"/> College student health service | <input type="checkbox"/> Indian Health Service           |
| <input type="checkbox"/> Military health service        | <input type="checkbox"/> Health Maintenance Organization |
| <input type="checkbox"/> Women aged _____ and younger   | <input type="checkbox"/> Established clients             |
| <input type="checkbox"/> Other _____                    |  |

Your signature below indicates that you have authority to include your office/clinic/pharmacy in the directory of providers of emergency contraception (EC), that your office/clinic/pharmacy has staff with authority to prescribe medication, that your office/clinic/pharmacy offers EC, and that we have your permission to verify the information you provide at our discretion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For administrative purposes*, if you are part of a larger medical group or affiliate that has one central administrative office (for example, a Planned Parenthood clinic under an affiliate or a private practice with multiple offices) please provide the information below.

Administrative contact name: \_\_\_\_\_

Name of group: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

**RETURN THE COMPLETED FORM TO:** Emergency Contraception Hotline, Office of Population Research, Wallace Hall, Princeton University, Princeton, NJ 08544. (Fax: 609-258-1039)