



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

San Mateo County Behavioral Health & Recovery Services Pharmaceutical/Vendor Representative Registration

Date: _____

Product Line:

Applicant Name: _____

Direct Email: _____

Cell Phone: _____

District/Regional Manager: _____

Phone: _____ Email: _____

District Office Address: _____

By signing and dating this page I verify that I have received the Pharmaceutical/Vendor Representatives Access and Accountability Policy and its associated forms. I have read the policy and agree to abide by it and comply with all the policy terms.

Signature/Date: _____



SAN MATEO COUNTY HEALTH

**BEHAVIORAL HEALTH
& RECOVERY SERVICES**

Attach PVR's Business Card here:

A large, empty rectangular box with a thin black border, intended for the user to attach a business card.

Attach PVR's photo here:

A large, empty rectangular box with a thin black border, intended for the user to attach a photo.