



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: \_\_\_\_\_

**BHRS PVR badge granted by:**

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



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## BEHAVIORAL HEALTH & RECOVERY SERVICES

**Attach Business Card Here:**

**PVR Access Pass:**



**SAN MATEO  
COUNTY HEALTH**  
All together better.

BHRS Visitor Pass  
Pharm/Vendor Rep

*First and Last Name*

*Company Name*

Registration date: X/X/2019