

# Healthcare Provider Enrollment Form

**Note: NEXPLANON may only be inserted and removed by healthcare providers who are certified in the NEXPLANON REMS.**

## Instructions

To become a certified healthcare provider in the REMS and dispense NEXPLANON for insertion:

1. Review the Prescribing Information, including the Instructions for Use, and the **Healthcare Provider Guide**.
2. Complete and submit the **Healthcare Provider Knowledge Assessment** and this **Healthcare Provider Enrollment Form** online at [www.NEXPLANONREMS.com](http://www.NEXPLANONREMS.com), or fax them to the REMS at 1-833-430-2807.
3. Successfully complete the **Didactic Training**.
4. Take the in-person practical training provided by Organon and successfully complete the **Competency Checklist**.

**Complete all required fields to help expedite the enrollment process. The REMS will notify you of your successful certification within 2 business days.**

Healthcare Provider Information (*denotes required field)			
*First Name:	M.I.:	*Last Name:	
*Healthcare Provider NPI No.:		*State License No.:	
*Professional Designation: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNM <input type="checkbox"/> Other: _____		*Medical Specialty: <input type="checkbox"/> Obstetrics / Gynecology <input type="checkbox"/> General Practitioner <input type="checkbox"/> Internal Medicine <input type="checkbox"/> Other: _____	
Healthcare Setting / Practice Name:			
*Address Line 1:			
Address Line 2:			
*City:	*State:	*ZIP Code:	
*Phone:	*Fax:		
*Email:	*Preferred Method of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Fax		



**Signature Required on Page 2 for Successful Enrollment**

## Review the Agreements Below

By signing this form, I agree NEXPLANON is only available through the NEXPLANON REMS and I agree to comply with the following REMS requirements.

### I must:

- Review the Prescribing Information, including the Instructions for Use, and the **Healthcare Provider Guide**.
- Successfully complete the **Healthcare Provider Knowledge Assessment** and submit it to the REMS.
- Successfully complete the **Didactic Training**.
- Take the in-person practical training provided by Organon and successfully complete the **Competency Checklist**.
- Enroll by completing and submitting the **Healthcare Provider Enrollment Form** to the REMS.

### After insertion, I must:

- Assess the patient for complications due to insertion and need for removal of NEXPLANON.
- Document and submit to the REMS using the **Insertion and Removal-Related Events Documentation Form** for patients who experience complications due to insertion.

### After removal, I must:

- Assess the patient for complications due to insertion or removal of NEXPLANON.
- Document and submit to the REMS using the **Insertion and Removal-Related Events Documentation Form** for patients who experience complications due to insertion or removal.

### To maintain certification to dispense for insertion after any three-year period of inactivity of performing procedures with NEXPLANON, I must:

- Review the **Healthcare Provider Guide**.
- Successfully complete the **Healthcare Provider Knowledge Assessment** and submit it to the REMS.

### At all times, I must:

- Not transfer NEXPLANON except to certified healthcare providers.
- Not distribute, loan, or sell NEXPLANON.
- Report complications due to insertion or removal of NEXPLANON to the REMS using the **Insertion and Removal-Related Events Documentation Form**.

### Provide Signature Below

By signing below, I acknowledge the above agreements and my obligations as a NEXPLANON healthcare provider to comply with REMS requirements, and I understand my personally identifiable information provided above will be shared with Organon, its agents, contractors, and affiliates and entered into a healthcare provider database for the REMS. I agree that I may be contacted in the future by mail, email, fax, and/or phone concerning NEXPLANON, the REMS, and other NEXPLANON programs and services.

**\*Healthcare Provider Signature:** \_\_\_\_\_

**\*Date (MM/DD/YYYY):** \_\_\_\_\_

**Potential insertion and removal-related events (IRREs) must be reported immediately to the NEXPLANON REMS using the Insertion and Removal-Related Events Documentation Form or by calling 1-833-NXP-REMS (1-833-697-7367).**

**You are encouraged to report all other adverse events of NEXPLANON to Organon at 1-844-674-3200 or the FDA at [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call 1-800-FDA-1088.**