

For Office Use Only
 P _____ CS _____
 MO _____
 Penalty \$ _____

Alabama State Board of Pharmacy
 111 Village Street
 Hoover, AL 35242
 (205) 981-2280 fax (205) 981-2330
 www.albop.com

Permit # _____
 Mail Order # _____
 Validation # _____

2015/2016 NON-RESIDENT PHARMACY RENEWAL APPLICATION
(Due by 10/31/14 Renews thru 12/31/16)

Permit Fee \$100 Controlled Substances Fee \$300 Change of ownership \$50

If you do not dispense CS, complete Controlled Substances Waiver form. Go to www.albop.com

•Non-Disciplinary Penalty for Late Renewal of Permit - 680-X-2-.40 •Payments made after 12/31/14 and by 1/31/15 will result in amounts due as follows: **Permit \$150 CS \$450**

Name/Address (current info)	If information has changed enter corrections in this box. Please type or print.
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Toll free phone # _____ Fax # _____ Contact Person: _____ Cell # _____

Email _____ If email has changed PRINT new email _____

Name of owner(s): (if corporation, attach list of officers) _____

FEIN# _____ (REQUIRED in the event of reporting to HIPDB) If changed, please enter new FEIN _____

Name of Supervising Pharmacist _____ Alabama License # _____ Email _____

Effective 6/9/14 – Alabama licensed SP is required. See rule 680-X-2-.07 (f) Mail Order Prescriptions.

Alabama Agent of Record: (name) _____

(address) _____ (phone) _____

Any non-resident pharmacy that does not designate a registered agent shall be deemed an appointment of the Secretary of State of the State of Alabama to be its true and lawful attorney.

Pharmacy hours for dispensing drugs to Alabama patients: Monday – Friday _____ Sat _____ Sun _____

Normal turn around time from receipt of prescription(s) to shipping drugs to AL patient(s) (days) _____

Procedure to follow by AL patients if medication is not available or if delivery will be delayed beyond a normal delivery time _____

Procedure to follow for prescription(s) for an acute illness, to include delivery at earliest possible time (i.e. courier delivery) or alternative to assure patient the opportunity to obtain medication at the earliest possible time _____

Procedure to follow when medication is not received and patient is out of medication and requires interim dosage until mailed prescription drug(s) become available _____

Does this facility prepare sterile compounds? (Check all that apply) Yes No Non-sterile USP <795> Sterile USP <797>
 Both **NOTE- reconstituting commercially available products is not compounding.**

Do you currently have a federal registration with the Drug Enforcement Administration? YES NO DEA # _____

Expiration Date _____ Applied for _____ Person(s) authorized to sign DEA blanks _____

SINCE LAST RENEWAL:	
Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? If yes, explain _____	YES NO
Are you currently registered or permitted in any other state(s)? If yes, list state(s) (including AL) _____	YES NO
Has applicant, officer, member or partner owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) & status _____	YES NO
Has applicant, officer, member or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) & status _____	YES NO
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any officer or partner of the applicant involving the operation or ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status & explanation _____	YES NO
Has the applicant, officer, member, or partner been issued a license to practice pharmacy? If yes, give state(s) & status of the license _____	YES NO
Has the license been sanctioned or subject to discipline? If yes, explain _____	YES NO

It is affirmed that all information provided herein is true and correct and it is recognized that providing false information may result in disciplinary action. It is understood that there must be compliance with the provisions of the Alabama Pharmacy Practice Act, the Rules of the Board and all other applicable statutes and rules.

Signed _____ Date _____ Are you a US Citizen? (Circle) YES NO
 If NO, submit documentation of legal status in this country.

Print Name _____ Title _____

Subscribed and sworn to before me this _____ day of _____, 20____ A.D.

APPLICATION MUST BE NOTARIZED _____ Notary Public (Seal)

Under the provisions of the Code of Alabama, §34-23-30; §34-23-31 and Board of Pharmacy rule 680-X-2-.07, "No Non-Resident Pharmacy shall ship, mail or deliver prescription drugs and/or devices to a patient in Alabama unless registered by the Alabama State Board of Pharmacy". Please provide the policies and procedures that set forth the normal delivery protocols to Alabama patients from the pharmacy providing pharmacy services.

***ATTACH A COPY OF THE RESIDENT STATE PHARMACY LICENSE**
Registration with the Alabama Secretary of State is required. Go to www.sos.alabama.gov for further information.

APPLICATION CHECK LIST
FOR NON-RESIDENT PHARMACY RENEWALS

Be Sure To Include:

Forms noted below can be found on our Website - WWW.ALBOP.COM

___ Complete a 2015-2016 Blank Renewal Application

___ Must have an Alabama Licensed Pharmacist - Must live in your state/work 30 hours minimum in your Pharmacy

___ Complete a Non-Resident Renewal Statement

___ Pay All Fees pertaining to your business (\$100 Permit Fee and \$300 Controlled Substance Fees are separate) Please add/include both amounts if you will dispense Controlled Substances.

___ Controlled Substance Waiver 2015-16 - If you will not dispense Controlled Substances in Alabama

___ Pay Late Fees (\$25 per month for each month late this year)

___ Final Court Order Details - If NEW Disciplinary Actions are noted on your Application

FAILURE TO INCLUDE ATTACHMENTS CAUSES DELAYS IN COMPLETING FILINGS.

Please include this Check List with your Application

NAME OF PHARMACY _____

CONTACT'S PRINTED NAME _____

SIGNATURE _____

TELEPHONE _____

EMAIL _____

NOTES:

MAIL PACKET TO:
ALABAMA STATE BOARD OF PHARMACY
111 VILLAGE STREET
BIRMINGHAM, AL 35242