For Office Use Only

P _____

Penalty $_____

Alabama State Board of Pharmacy

111 Village Street
Birmingham, AL 35242
(205) 981-2280 Fax: (205) 981-2330
www.albop.com

Permit # _____

#_____

2015/2016 RETAIL MEDICAL OXYGEN SUPPLIER RENEWAL APPLICATION

Renewal Permit Fee: $250 (Due by 10/31/14 renews through 12-31-2016)

•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 amount due: **$375.00**

Change in Name, Ownership or Address Fee is $400

NAME/ADDRESS	If information has changed enter corrections below. Please Type or Print.

Phone _____Fax # _____ Cell # _____County _____

E-mail _____ 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, enter new FEIN_____

All other trade or business names ("dba" names) used by same corporation_____

Compliance Officer_____

"If the employment of the person designated above is terminated or if for any other reason that person is relieved of his/her duties, the permit holder shall notify the board in writing within ten (10) days after such event and shall, additionally, notify the Board of the name of the new person to be designated as responsible for compliance."

Give hours of operation: Monday-Friday_____Saturday_____Sunday_____

SINCE LAST RENEWAL:

Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor excluding minor traffic convictions? YES NO

If yes, explain_____

Has applicant or any officer or partner of applicant owned a pharmacy, manufacturer, wholesaler or distributor? YES NO

If yes, give state(s) and status _____

Are you currently registered or permitted in any other state(s)? YES NO

If yes, please list state(s) (including AL)_____

Has applicant, officer, member or partner been denied or refused an application for a medical oxygen supplier or similar type of permit? YES NO

If yes, give state(s) and status_____

Has applicant or any officer or partner of applicant been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor? YES NO

If yes, give state(s) and status _____

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? YES NO

If yes, give state(s) and status of the license_____

Has the applicant or any officer, member or partner of the applicant been issued a license to practice pharmacy? YES NO

If yes, give state(s) and status of the license?_____

Has the license been sanctioned or subject to discipline? YES NO

If yes, explain _____

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_____ (Officer, give title)_____ Date _____ **Are you a US Citizen? YES NO**

If **NO**, submit documentation of legal status in this country.

Subscribed and sworn to before me this _____day of _____ 20_____ A.D.

_____Notary Public (seal)

APPLICATION MUST BE NOTARIZED

☼ **FOR APPLICANTS LOCATED OUTSIDE OF ALABAMA, SEND A COPY OF THE RESIDENT STATE LICENSE.**
Registration with the Alabama Secretary of State is required. Go to www.sos.alabama.gov for further information.