

For Office Use Only
 P _____
 CS _____
 PENALTY \$ _____

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

Permit # _____

2017/2018 PHARMACY RENEWAL APPLICATION
 (Due by 10/31/16 renews through 12-31-2018)

Permit Fee \$100 Controlled Substance Fee \$300 Change of ownership \$50 Address Change \$10

*If you do not dispense controlled substances, complete Controlled Substance Waiver form. Go to www.albop.com. **If you have an address change you must have an inspection before you resume business.***

<u>Name & Address</u>	If information has changed enter corrections below. Please Type or Print

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

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

Phone # _____ Fax # _____ Cell # _____ County _____

E-mail _____ If email has changed PRINT new email _____

Give hours pharmacy is open for business: (M-F) _____ (Sat) _____ (Sun) _____

List name, address, license number, and hours employed of registered pharmacists, including owners, licensed assistants, and registered technicians. (Use back of application if necessary) NOTE: Pharmacist must be on duty at all times when pharmacy is open and drugs are being dispensed. Only person authorized by law may dispense drugs.

Name	Address	License/Registration #	Hrs employed

Please designate Supervising Pharmacist Name and License # _____

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. Check here for Parenteral Certification

SUPPLIER REQUIREMENT: Give required information for each of your suppliers.

Name: _____	Address: _____	Permit # _____
Name: _____	Address: _____	Permit # _____
Name: _____	Address: _____	Permit # _____
Name: _____	Address: _____	Permit # _____

Do you currently have a federal registration with the Drug Enforcement Administration? YES NO
 DEA # _____ Expiration Date _____ Applied Date _____
 Person(s) authorized to sign DEA blanks _____

SINCE LAST RENEWAL:	
1. 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
2. Are you currently registered or permitted in any other state(s)? If yes, list state(s) (including AL) _____	YES NO
3. Has applicant, officer, member, or partner owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) and status _____	YES NO
4. 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 and explanation _____	YES NO
5. Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor? If yes, give state(s), status and explanation _____	YES NO
6. Has the applicant, officer, member or partner been issued a license to practice pharmacy? If yes, give state(s) and status of license? _____	YES NO
7. 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 _____ (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.

Application Must Be Notarized _____ Notary (seal)