

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

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

Permit # \_\_\_\_\_  
 Mail Order # \_\_\_\_\_

**2017/2018 NON-RESIDENT PHARMACY RENEWAL APPLICATION**  
**(Due by 10/31/16 Renewals thru 12/31/18)**

**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](http://www.albop.com)

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 \_\_\_\_\_

**Supervising Pharmacist Name \_\_\_\_\_ Alabama License # \_\_\_\_\_**  
**Effective 6/9/14 – Alabama licensed SP is required. See rule 690-X-2-.07 (f) Mail Order Prescriptions.**

Name of 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>  
**Complete compounding questionnaires downloaded from our website. 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 \_\_\_\_\_

<b>SINCE LAST RENEWAL:</b>		YES	NO
Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? If yes, explain _____			
Are you currently registered or permitted in any other state(s)? If yes, list state(s) (including AL) _____			
Has applicant, officer, member or partner owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) & status _____			
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 _____			
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 _____			
Has the applicant, officer, member, or partner been issued a license to practice pharmacy? If yes, give state(s) & status of the license _____			
Has the license been sanctioned or subject to discipline? 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, you must provide documentation of legal status in this country.

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**