

For Office Use Only
P _____

Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
(205) 981-2280 Fax: (205) 981-2330

For Office Use Only
Permit # _____
Inspector _____
Date _____
Approved _____
Payment _____

**2017/2018 RETAIL MEDICAL OXYGEN SUPPLIER
NEW PERMIT APPLICATION**

(Valid through 12-31-2018)

Permit Fee: \$400.00

“Any person, company, agency, business, or entity of any kind which sells or provides medical oxygen directly or indirectly to patients or consumers and which bill the patient or consumer or their insurance, Medicare, Medicaid or other third party payor for the sale or providing of medical oxygen must obtain a Retail Medical Oxygen Supplier Permit from the Alabama State Board of Pharmacy.”

Give date you plan to open _____ Give date ready for inspection _____
“Alabama has adopted the 2009 International Fire Code as minimum standard for the Fire Code in Alabama. Requirements for the storage of compressed gases are covered in Chapters 27, 30, and 40. You must submit a letter or certified document from the State Fire Marshall or from a Fire Prevention Division in your area stating you meet all requirements for storage of medical oxygen, before a permit is issued.”

Name _____ FEIN _____

Address _____

City _____ State _____ Zip _____ County _____

Phone #() _____ Fax #() _____ Cell #() _____

E-mail Address _____

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

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, that 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 _____

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 ever owned a pharmacy, manufacturer, wholesaler or distributor?	YES	NO
If yes, give states and status _____		
Are you currently registered or permitted in any other state?	YES	NO
If yes, please list states (including AL) _____		
Has applicant, officer, member or partner ever been denied or refused an application for a medical oxygen supplier or similar type of permit?	YES	NO
If yes, give states and status _____		
Has applicant or any officer or partner of applicant ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler or distributor?	YES	NO
If yes, give states and status _____		
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any 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 states and status of the license _____		
Has the applicant or any officer, member or partner of the applicant ever been issued a license to practice pharmacy?	YES	NO
If yes, give states and status of the license _____		
Has the license ever 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 _____ (Title) _____ Date _____ Applicant’s SS # _____ Required by the Code of Alabama 1975 § 30-3-194 (a)

Are you a US Citizen? (circle) 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 Public (seal)

***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.state.us for further information.