

For Office Use Only  
P \_\_\_\_\_  
CS \_\_\_\_\_

**Alabama State Board of Pharmacy**  
111 Village Street  
Birmingham, Alabama 35242  
(205) 981-2280

For Office Use Only  
Permit # \_\_\_\_\_  
Inspector \_\_\_\_\_  
Date \_\_\_\_\_  
Approved \_\_\_\_\_  
Validation # \_\_\_\_\_

**TEMPORARY IN-STATE PHARMACY PERMIT APPLICATION**

(Valid through July 31, 2020 or Termination of State of Emergency related to SARS-CoV-2 Pandemic, whichever sooner)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**COMPLETE FOR NEW PHARMACY ONLY**

Give date you plan to open \_\_\_\_\_ Date prescription room will be ready for inspection \_\_\_\_\_  
A temporary pharmacy may not open until permit has been issued.

Name of owner: (If corporation, attach list of officers) \_\_\_\_\_  
FEIN # \_\_\_\_\_ (Required in the event of reporting to NPDB)  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail Address \_\_\_\_\_

List name, address, license number, and hours employed of registered pharmacists, including registered 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 # \_\_\_\_\_  
Give hours pharmacy is open for business: (M-F) \_\_\_\_\_ (Sat) \_\_\_\_\_ (Sun) \_\_\_\_\_

Do you currently have a federal registration with the Drug Enforcement Administration? DEA # _____ Expiration Date _____ Applied for _____ Person(s) authorized to sign DEA blanks _____	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 _____	YES NO
Are you currently registered or permitted in any other states? If yes, list state(s) (including AL) _____	YES NO
Has applicant, officer, member, or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) and status _____	YES NO
Has applicant, officer, member, or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give states, status and explanation _____	YES NO
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
Has the applicant, officer, member or partner ever been issued a license to practice pharmacy? If yes, give state(s) and status of license _____	YES NO
Has the license ever been sanctioned or subject to discipline? If yes, explain _____	YES NO
Has any final judgment been entered or settlement reached resulting from a claim or action for damages caused by any error, omission or negligence in the performance of any pharmacy or pharmaceutical professional services?	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 \_\_\_\_\_ Applicant's SS # \_\_\_\_\_ REQUIRED  
by 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.

**I hereby further affirm that this pharmacy intends to provide healthcare to citizens of Alabama suffering from and effected by the SARS-CoV-2 pandemic.**

Signed \_\_\_\_\_ (Officer, give title) \_\_\_\_\_ Date \_\_\_\_\_

Please email completed application to [tking@albop.com](mailto:tking@albop.com)