

For Office Use Only
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Alabama State Board of Pharmacy
 111 Village Street
 Birmingham, Alabama 35242
 (205) 981-2280 fax (205) 981-2330

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

2015/2016 INSTITUTIONAL PHARMACY APPLICATION FOR NEW PERMIT
 (Valid through 12-31-2016)

Permit Only - \$200 Controlled Substance License- \$300.00

If you do not dispense controlled substances, must complete Controlled Substance Waiver form. Go to www.albop.com

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 _____
 New pharmacy applications must be filed thirty (30) days prior to opening. A new pharmacy may not open until permit has been issued. At least fifteen (15) days must be allowed between above dates. Applicant must notify inspector if there is any change in above dates. (See §34-23-30 & 34-23-71, Title 34, Chapter 23, Code of AL 1975)

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

FEIN # _____ (Required in the event of reporting to HIPDB)

Phone # _____ Fax # _____ Cell # _____

E-mail Address _____

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.

<u>Name</u>	<u>Address</u>	<u>License # / Registration #</u>	<u>Hrs employed</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please designate Supervising Pharmacist Name and License # _____

Does this facility prepare sterile compounds? Y or N Does this facility purchase compounded drugs from pharmacies, as opposed to FDA licensed manufacturers? List pharmacy name(s): _____ permit #(s) _____ and contact information. _____

Check here for Parenteral Certification

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 state(s), 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

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 _____

Print Name _____ 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.

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

APPLICATION MUST BE NOTARIZED

Notary Public (seal)