

For Office Use Only
P _____
CS _____

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

Permit Fee: \$200 Controlled Substance Fee: \$300

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 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?	YES	NO
DEA # _____ Expiration Date _____ Applied for _____		
Person(s) authorized to sign DEA blanks _____		
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 _____		
Are you currently registered or permitted in any other states?	YES	NO
If yes, list state(s) (including AL) _____		
Has applicant, officer, member, or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor?	YES	NO
If yes, give state(s) and status _____		
Has applicant, officer, member, or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor?	YES	NO
If yes, give states, status and explanation _____		
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?	YES	NO
If yes, give state(s), status and explanation _____		
Has the applicant, officer, member or partner ever been issued a license to practice pharmacy?	YES	NO
If yes, give state(s) and status of 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 _____ (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.

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

APPLICATION MUST BE NOTARIZED

Notary Public (seal)