

Before you read the instructions and/or logon to the online profile and renewal system, please make sure to read the definitions and application requirements on our website. Please visit www.albop.com and look for the icons shown below.

	
Attention MWDs and New Facilities	Attention Pharmacies

After reading the requirements for license renewal, please follow the steps below.

1. Go to www.albop.com and click on “My Profile” icon in the middle of the page. The screen shown below will appear.



The image shows the ALBOP Online Application login interface. At the top is a blue banner with the Alabama state seal and the text "ALBOP Online Application". Below the banner, it says "Welcome to ALBOP Online Login." There are two radio buttons: "Individual" (unchecked) and "Business" (checked). Below this, it says "Enter all numbers and alphabets in your license # and last 4 of your FEIN as Pin." There are two input fields: the first is labeled "License Number" and has a person icon; the second is empty and has a lock icon. At the bottom is a blue "Login" button. Below the button, there is contact information: "Office: 111 Village Street, Birmingham, AL 35452 USA. Voice: 205-981-2280 Fax: 205-981-2330 Hours : 8AM to 4PM CST."

2. Click on the “Business” checkbox, enter your business’ license number in the “License Number” textbox, and the last 4 of FEIN in the “Pin” textbox. Click on the “Login” button. If your credentials are valid and you are eligible for the process, the screen shown below will appear.

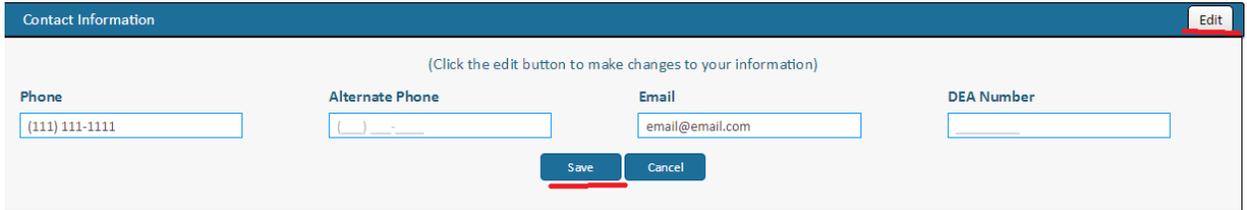
The screenshot shows the 'Business Profile' page. At the top, there is a navigation bar with the state seal on the left, the title 'Business Profile' in the center, and a 'Logout' button on the right. Below the navigation bar are three main action buttons: 'My Profile' (with a person icon), 'Fee / Fine' (with a dollar sign icon), and 'Renewal' (with a refresh icon). The main content area is divided into two sections: 'Business Information' and 'Address Information'. The 'Business Information' section has an 'Edit' button in the top right corner. It contains several input fields: 'Business Name' (with 'Dummy Business' entered), 'Owner Name if Different', 'Business Type' (with a dropdown menu showing 'Select Business Type'), 'FEIN' (with '11-111111' entered), 'Other Names Used by this Business/DBA' (with a text area), and 'Person(s) authorized to sign DEA form' (with three input fields). The 'Address Information' section is partially visible at the bottom with an 'Edit' button.

3. The following sections will be displayed as part of your profile:
 - a. Business Information
 - b. Address
 - c. Contact
 - d. Operations
 - e. Documents
 - f. Services offered
 - g. Other questions
 - h. Business Contacts
4. **Business Information:** The profile will not allow you to make changes to your name. But click on the  button to make changes to make changes to business type, other names/DBA, and persons authorized to sign DEA form. Click on the “Save” button to save this section’s information.

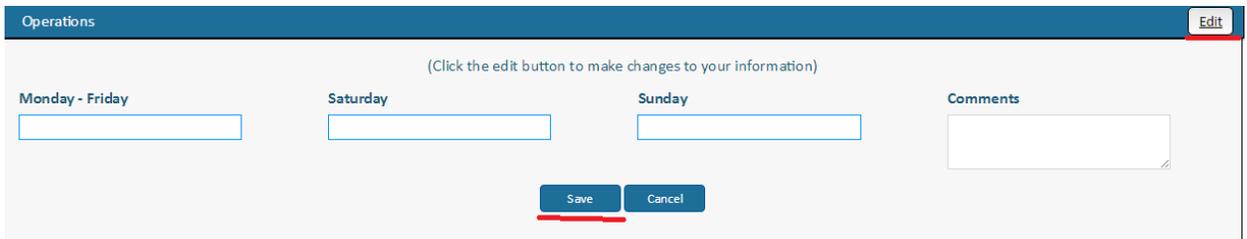
This screenshot is a close-up of the 'Business Information' section from the previous image. It shows the same input fields: 'Business Name' (Dummy Business), 'Owner Name if Different', 'Business Type' (Select Business Type), 'FEIN' (11-111111), 'Other Names Used by this Business/DBA', and 'Person(s) authorized to sign DEA form' (three empty fields). At the bottom of this section, there are two buttons: 'Save' and 'Cancel'. The 'Save' button is highlighted with a red underline.

5. **Address:** The profile will not allow updating your address online.

6. **Contact:** Click on the “Edit”  button to make changes to your contact details. You may also update your DEA Number in this section. After making the required changes, click on the “Save” button in the contact section.

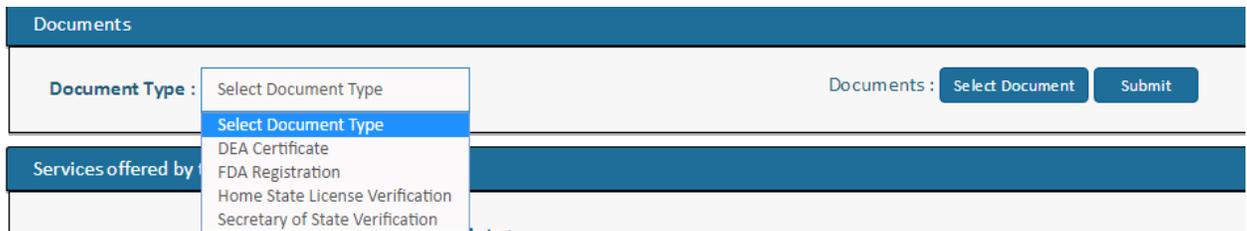


7. **Operations:** Click on the “Edit”  button to make changes to your hours of operations details. After making the required changes, click on the “Save” button in the operations section.



8. **Documents:** Select the “Document Type”. Then click on the “Selected Document” to browse for the document you want to upload, and then click the “Submit” button.

Please note that the list of documents required varies based on license type and are mentioned in the instructions documents on the Website.



9. **Services Offered:**

Please note that the information displayed in this section varies for each license type. Check the boxes that apply to your business/pharmacy and click the “Save” button.

Services offered by this Pharmacy

This Business Sells to :

Community Pharmacies Hospitals

Other Wholesalers Physicians or Other Practitioners Licensed to Prescribe

Veterinarians Other

This Business Distributes :

Prescription Drugs Devices

Medicinal Gases Precursor Chemicals

API (Active Pharmaceutical Ingredients) Controlled Substances

Over the Counter Drugs Other

[Save](#)

10. **Other questions:**

Please note that the questions in this section vary for each license type. Answer each question with the relevant Yes or No answer. Type in your explanations where required. Attach/upload documentations using the “Attach” button shown below.

14	Does pharmacy offer nutrition counseling?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15	Do pharmacists respond to codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16	Do pharmacists do any form of pre-discharge training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	Has applicant, officer, member, or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18	Has applicant, officer, member or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Has there been any disciplinary or criminal action taken against any officer, member, partner? Please enter your explanation here	Attach <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have both Pharmacists and Technicians working in your pharmacy? If yes, what is the Pharmacist to Technician ratio?	<input type="checkbox"/> Yes <input type="checkbox"/> No

[Save](#)

11. **Business Contacts:**

Please note that the contact details required vary for each license type. Typical contacts include owners, officers, supervising pharmacists, suppliers, designated representative, and compliance officer.

Click on the “Add New” button to add a new contact to your profile.

Business Contacts (Must enter information for each corporate officer and director, plus each stock holder owning 10% or more of voting stock if not officer/director) Add New

Contact Details

No records found.

Owner Details

No records found.

The screen below will appear when you click the “Add New” button. Click on “Individual” checkbox if you want to add a person to your contacts. Check “Others” if you want to add a place/business to your contacts.

Please note that when searching by name and address fields, it is better to search using as few characters as possible. This will help the system return a large set of results.

Add New Contact Details ✕

Select Type Individual Others

Person Search

Last Name <input type="text" value="Last Name"/>	First Name <input type="text" value="First Name"/>	SSN <input type="text" value="___-__-____"/>
DOB <input type="text" value="MM/DD/YYYY"/>	Phone Number <input type="text" value="() ___-____"/>	Phone Type <input type="text" value="Select Phone Type"/>
License Number <input type="text" value="License Number"/>	License Type <input type="text" value="Select License Type"/>	License Status <input type="text" value="Select Status"/>
Address <input type="text" value="Address"/>	City <input type="text" value="City"/>	County <input type="text" value="Select County"/>
State <input type="text" value="Select State"/>	Zip <input type="text" value="____"/>	Email <input type="text" value="Email"/>

Controlled Substance Search Type **Like** **Exact**

When the search results are shown, click on the “Select” icon shown below.

Person Result

Name	SSN	Address	County	C S Z	Phone	Select
Filters	Filters	Filters	Filters	Filters	Filters	
SUSAN PETERSEN ALVERSON				BIRMINGHAM AL 35243		✎
Susan Alverson		Executive Secretary, Alabama State Board of Pharmacy	Shelby	Birmingham AL 35242-		✎

Page size : 20 Records : 1 - 2 of 2 Pages : 1 of 1 << < 1 > >>

At this stage, the system will prompt you to select the contact type (Supplier, Owner, Officer, Supervising Pharmacist etc). Select the contact type, answer the question about arrest/conviction and upload the required documentation(s).

New Contact Details ✕

Contact Type

Comments

Have you been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?

Yes No

12. Compounding Checklist:

For all pharmacies, the compounding checklist shown below will appear. Answer the questions appropriately, type in relevant explanations, and attach the required documents. Click the "Save" button at the bottom of this section to save the compounding information.

Compounding Checklist

503B sterile compounding Non-sterile compounding (Less than 5% of business)

503A sterile compounding (any amount of sterile compounding) Non-sterile compounding (More than 5% of business)

1	Are you a 503A non-sterile compounder and compounding is at least 10% of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Are you a 503A sterile compounder? If yes, upload a copy of the most recent environment testing report. (air, non-viable particles, viable particles report with identity of organisms, room air exchangers, pressure differential between rooms, efficiency of HEPA filters. Please enter your explanation here	<input type="button" value="Attach"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3	Do you do high risk sterile compounding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Do you repackage sterile ophthalmic solutions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you compound sterile products which are given extended BUDs (Beyond Use Dates)? If yes, upload a copy of BUD extension policy including an example of the date you use to give the extended date.	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. **Manufacturer Wholesaler Distributor/Oxygen/Veterinary/Precursor:** If you currently have one of these license types, the system will prompt you to select one of the new license types according to FDA regulations. Please read the instructions on the home page of our website (www.albop.com) to understand the definitions and requirements before you make your selection.

Main License Type

Main License Type : Select License Type

Subr Select License Type

- Manufacturer
- Manufacturer Oxygen
- Manufacturer Virtual
- Wholesale Distributor
- Wholesaler Precursor
- Wholesaler Virtual
- Wholesaler Oxygen
- Third Party Logistics
- Repackager Precursor
- Repackager
- Manufacturer Precursor
- Wholesaler Reverse Distributor

12. At this stage, you have completed your profile. If you have any outstanding fee/fine that you would like to pay, click on the  icon at the top and follow the rest of the steps.

13. **Renewal:** Click on the  icon to start your license renewal process.

14. If you are not eligible for the renewal process, the system will display the appropriate error message.

15. If you are eligible for the renewal process and have your citizenship/legal presence verified, already, you will see the screen below when you click on the  icon.

Regulatory Questions

Since your last renewal

1. Since the last renewal has this business been denied a license? Yes No

[Next](#)

16. Answer all the four questions that follow, type in explanations, and upload the required documents as applicable. You will then be taken to the preview screen shown below. Please verify your answers at this stage. Click on the “Next” button to move to the affirmation and payment page.

Preview

Regulatory Questions

Since your last renewal

1. Since the last renewal has this business been denied a license? Yes No

2. Since the last renewal has this business surrendered, had suspended or lost its license? Yes No

3. Has any disciplinary or criminal action been taken against the supervising pharmacist? Yes No

4. Since the last renewal has any disciplinary or criminal action state or federal been taken against one or more of your Owner(s)/Officer(s)/Director(s)? Yes No

17. Submission:

Answer the questions Name (of the person completing the application), US Citizenship, SSN, and Controlled Substance. Enter the credit/debit card information and click on the “Submit” button. If your card details are valid, the system will give you a confirmation number. At this stage, you will also be able to print your application and payment receipt.