

For Office Use Only

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

For Office Use Only

Permit # _____

Mail Order # _____

Date: _____

Payment: _____

**2019/2020 NON-RESIDENT PHARMACY
 APPLICATION FOR NEW PERMIT**
 (Valid through 12/31/20)

Permit Fee \$750 Controlled Substances Fee \$300.00

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

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

Address _____

City _____ State _____ Zip _____

Toll free phone # _____ Fax # _____ Cell # _____

Supervising Pharmacist _____ Alabama License # _____ Email _____

Effective 6/9/14 – Alabama licensed SP is required. See rule 690-X-2-.07 (f) Mail Order Prescriptions.

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

Alabama Agent of Record: (name) _____

(Address) _____ (phone) _____

Any non-resident pharmacy that does not designate a registered agent shall be deemed an appointment of the Secretary of State of the State of Alabama to be its true and lawful attorney.

Pharmacy hours for dispensing drugs to Alabama patients: Monday – Friday _____ Sat _____ Sun _____

Normal turn around time from receipt of prescriptions to shipping drugs to AL patients (days) _____

Procedure to follow by AL patients if medication is not available or if delivery will be delayed beyond a normal delivery time _____

Procedure to follow for prescriptions for an acute illness, to include delivery at earliest possible time (i.e. courier delivery) or alternative to assure patient the opportunity to obtain medication at the earliest possible time _____

Procedure to follow when medication is not received and patient is out of medication and requires interim dosage until mailed prescription drugs become available _____

Does this facility prepare sterile compounds? (Check all that apply) YES NO Non-Sterile USP <795> Sterile USP<797>
Complete compounding questionnaires downloaded from our website. NOTE: reconstituting commercially available products is not compounding.

Do you currently have a federal registration with the Drug Enforcement Administration? DEA # _____ Expiration Date _____ Applied for _____	YES	NO
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? If yes, explain _____	YES	NO
Are you currently registered or permitted in any other state(s)? 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) & 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 _____	YES	NO
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any officer or partner of the applicant involving the operation or ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status & explanation _____	YES	NO
Has the applicant, officer, member, or partner ever been issued a license to practice pharmacy? If yes, give state(s) & status of the 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 _____ (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 _____

APPLICATION MUST BE NOTARIZED.

Notary Public (Seal)

Under the provisions of the Code of Alabama, §34-23-30, §34-23-31 and Board of Pharmacy regulation 680-X-2-.07, "No Non-Resident Pharmacy shall ship, mail or deliver prescription drugs and/or devices to a patient in Alabama unless registered by the Alabama State Board of Pharmacy". Please provide the policies and procedures that set forth the normal delivery protocols to Alabama patients from the pharmacy providing pharmacy services.

ATTACH A COPY OF THE RESIDENT STATE PHARMACY LICENSE
 Registration with the Alabama Secretary of State is required. Go to www.sos.state.al.us for further info