

**ALABAMA STATE BOARD OF PHARMACY
 PHARMACY NAME AND ADDRESS CHANGE FORM
 \$10 FEE**

DO NOT USE THIS FORM FOR CHANGE OF OWNERSHIP

If you have a change of address you must have an inspection before you resume business.

(If In-State) Date the new location will be ready for inspection _____ Date new location is ready for business _____

<u>Current Name & Address</u>	<u>New Name or New Location of Pharmacy</u>

FEIN # _____ Business e-mail _____ Permit Number _____

Name of Owner(s) _____

Business Phone # _____ Business Fax _____ Cell Phone # of Contact Person _____

Hours of Operation (M-F) _____ (Sat) _____ (Sun) _____

Please designate Supervising Pharmacist Name _____ License Number _____

List name, license number, and hours employed of registered pharmacists, including owners and registered technicians (Use back of form if necessary) *NOTE: Pharmacist must be on duty at all times when pharmacy is open and drugs are being dispensed.*

NAME	ADDRESS	LICENSE/ REGISTRATION NUMBER	HOURS EMPLOYED

Does this facility prepare sterile compounds? Yes No (*NOTE: reconstituting commercial available products is not compounding*)
 Check all that apply below:

- Non-Sterile USP <795>
- Sterile USP <797>
- Both

SUPPLIER REQUIREMENT: Give required information for each of your suppliers:

NAME	ADDRESS	PERMIT #

Do you currently have a federal registration with the Drug Enforcement Administration? Yes No

DEA Number _____ Expiration Date _____ Applied Date _____ Person signing DEA blanks _____

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 _____

Subscribed and sworn to me on this _____ day of _____, 20____ Notary _____
 SEAL

APPLICATION MUST BE NOTARIZED