

UNREGISTERED PERSON KEY OR CONTROLLED ACCESS DESIGNATION FORM

(As per rule 680-X-2-.11, PHARMACY KEYS OR OTHER CONTROLLED ACCESS DEVICE OR METHOD)

Name of Pharmacy _____

Address of Pharmacy _____

Alabama Permit Number _____

Supervising Pharmacist _____ License # _____

I, _____, the undersigned, who is the owner of the above-named pharmacy have made, constituted and appointed, and by these presents, do make, constitute and appoint _____ as the unregistered person to have a key or other controlled access device or method for this pharmacy location.(Designee) If the Designee is a Pharmacy Technician their Registration Number must be listed below.

Enclosed is an agreement with the Designee acknowledging compliance with Board Rule 680-X-2.11

The Designee shall not be provided the key or controlled access device or allowed access until the Owner and Supervising Pharmacist receive written approval from the Board that the Designee is acceptable.

Board approval does not authorize the Designee to be present in the pharmacy without a licensed pharmacist.

Signed and dated this _____ day of _____ 20____

Signature of Owner

Signature of Designee

Signature of Supervising Pharmacist
(if different from owner)

Contact number of Designee

Technician Registration Number (If applicable) _____

This Copy Must be displayed on the Pharmacy Wall
(Must keep on file at least 2 years after revocation)

Date Approved By Board: _____

Stamp