

PERMIT # _____

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

2021/2022 NON-RESIDENT PHARMACY REINSTATEMENT OR CHANGE OF OWNERSHIP APPLICATION

Permit Fee \$400 Controlled Substances Fee \$300 Change of ownership \$250 Late Fee \$25 per month
If you do not dispense CS, complete Controlled Substances Waiver form. Go to www.albop.com

Name/Address (current info) _____
If information has changed enter corrections in this box. Please type or print.

Toll free phone # _____ Fax # _____ Contact Person: _____ Cell # _____

Email _____ If email has changed PRINT new email _____

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

FEIN# _____ (REQUIRED in the event of reporting to NPDB) If changed, please enter new FEIN _____

Supervising Pharmacist Name _____ Alabama License # _____
Effective 6/9/14 - Alabama licensed SP is required. See rule 690-X-2-.07 (f) Mail Order Prescriptions.

Name of 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 prescription(s) to shipping drugs to AL patient(s) (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 prescription(s) 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 drug(s) 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? YES NO DEA # _____
Expiration Date _____ Applied for _____ Person(s) authorized to sign DEA blanks _____

SINCE LAST RENEWAL:

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 state(s)? YES NO
If yes, list state(s) (including AL) _____

Has applicant, officer, member or partner owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO
If yes, give state(s) & status _____

Has applicant, officer, member or partner 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 been issued a license to practice pharmacy? YES NO
If yes, give state(s) & status of the license _____

Has the license been sanctioned or subject to discipline? YES NO
If yes, explain _____

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 _____ (Officer, give title) _____ Date _____

Are you a US Citizen? YES NO If NO, you must provide 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)

Under the provisions of the Code of Alabama, §34-23-30; §34-23-31 and Board of Pharmacy rule 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

CHECKLIST FOR CHANGE OF OWNERSHIP:

The following is required for change of ownership. DO NOT submit the application without all required documents.

1. Application and Fee
2. If the change of ownership resulted in a name or address change, please provide a copy of your updated credentials (i.e. DEA certificate and/or pharmacy permit)
3. Bill of Sale (Purchase agreement, etc.)
4. Owner information: (**complete the attached ownership form**)
 - a. For individual(s)- Name, SSN, DOB, home address & percent of ownership
 - b. For business entities- Name, FEIN#, address, percent of ownership, & officers
 - i. Officer(s)- Name, SSN, DOB, home address, & title
5. Power of Attorney (POA)
6. Discipline

Name of Pharmacy: _____ Date: _____

Address: _____

Ownership: Ownership details must be provided for the applicant business. Include the details for the parent level ownership.

Type of Ownership:

<input type="checkbox"/> Individual Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Not publicly traded) <input type="checkbox"/> Publicly Traded Corporation <input type="checkbox"/> Limited Liability Company
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Entity Owners

If the applicant business is owned by an entity (not a natural person), the applicant must identify each parent company that has 10% or more ownership.

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Authorized Contact Person		Authorized Contact Phone Number:	

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Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Authorized Contact Person		Authorized Contact Phone Number:	

Entity Name	FEIN/TIN#	% of Ownership	Phone Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Authorized Contact Person		Authorized Contact Phone Number:	

Natural Person Ownership

Complete the details below for each owner, partner, member and/or stockholder (as appropriate) with 10% or more ownership that is a natural person owner for this business.

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address: <i>Number and Street</i> <i>City</i> <i>State</i> <i>Zip</i>			
Phone Number	Email Address		% of Ownership

Name	Title	Date of Birth	Social Security Number
Address:	<i>Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		% of Ownership

Executive Officer(s):

Complete the details for each executive officer for the business. At a minimum you must include the top 3 officers.

Name	Title	Date of Birth	Social Security Number
Address:	<i>Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
Address:	<i>Number and Street</i>	<i>City</i>	<i>State</i> <i>Zip</i>
Phone Number	Email Address		

Name	Title	Date of Birth	Social Security Number
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