

PERMIT # _____

Alabama State Board of Pharmacy

111 Village Street
 Birmingham, Alabama 35242
 (205) 981-2280
 www.albop.com

2021/2022 INSTITUTIONAL PHARMACY REINSTATEMENT OR CHANGE OF OWNERSHIP APPLICATION
Permit Fee \$100 Controlled Substance Fee \$300 Change of ownership \$250 Late Fee \$25 per month

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

	If information has changed enter corrections below. Please Type or Print
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Name of owner(s): (If corp. attach list of officers) _____

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

Phone # _____ Fax # _____ Cell # _____ County _____

E-mail _____ If email has changed PRINT new email _____

Give hours pharmacy is open for business: (M-F) _____ (Sat) _____ (Sun) _____

Please designate Supervising Pharmacist Name and License # _____

Does this facility prepare sterile compounds? Y or N **Does this facility purchase compounded drugs from pharmacies, as opposed to FDA licensed manufacturers? Yes/No List pharmacy name(s): _____ permit #'s _____ and contact information.**

Check here for Parenteral Certification

Do you currently have a federal registration with the Drug Enforcement Administration? YES NO

DEA # _____ Expiration Date _____ Applied Date: _____

Person(s) authorized to sign DEA blanks _____

SINCE LAST RENEWAL:

1.	Has Applicant or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	☐ Yes ☐ No
2.	Has the applicant or any owner, officer, member, director, manager or partner thereof acquired, in whole or part, any interest or ownership in any pharmacy, manufacturer, wholesaler, distributor, private label distributor, repackager, 503b outsourcer, third party logistic provider and/or any other entity which may be regulated by the Board?	☐ Yes ☐ No
3.	Has any license or permit issued to any entity described in Question 2 above and/or any owner, officer, etc. thereof, been the subject of discipline by any pharmacy board or by any regulatory board from whom a license or permit has been issued?	☐ Yes ☐ No
4.	Has Applicant ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503b outsourcer and/or third-party logistics company?	☐ Yes ☐ No
5.	Has Applicant withdrawn an application for a permit or surrendered license once issued to any pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503b outsourcer, and/or third-party logistic company?	☐ Yes ☐ No
6.	Has any Owner, Officer, Member, Director, Manager or Partner of the Applicant owned in whole or in part or now owns any entity that has been denied, refused or withdrawn an application for a permit or license of a pharmacy, manufacturer, distributor, repackager, private label distributor, 503b outsourcer, and/or third-party logistics company?	☐ Yes ☐ No
7.	Has Applicant or any Owner, Officer, Member, Director, Manager or Partner thereof been issued a license to practice pharmacy or as a pharmacy technician?	☐ Yes ☐ No
8.	Has an FDA 483 or Warning Letter been issued to Applicant or to any entity in which any Owner, Officer, Member, Director, Manager or Partner of the Applicant has been or is currently involved/affiliated?	☐ Yes ☐ No
9.	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 by the Applicant or any Owner, Officer, Member, Director, Manager or Partner?	☐ Yes ☐ No

10.	Has the applicant been subject to any form of discipline by any state pharmacy board or by any regulatory board from whom a license or permit had issued to the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I confirm that all required information has been updated and/or submitted to the Alabama Prescription Drug Monitoring Program. (box must be checked)

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. It is understood that this permit is for dispensing only to those patients admitted to the hospital.

Signed _____ (If Officer, give title) _____ Date _____

Are you a US Citizen? YES NO If NO, submit documentation of legal status in this country.

Subscribed and sworn to before me this _____ day of _____ 20_____ A.D.

APPLICATION MUST BE NOTARIZED _____ Notary (seal)

Institutional Pharmacy Change of Ownership Checklist

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

- 1. Application and Fee**
- 2. Bill of Sale (Purchase agreement, etc.)**
- 3. Complete ownership form and organizational flowchart**
- 4. Power of Attorney (POA) (If applicable)**
- 5. Discipline (If applicable)**

Effective Date of Change of Ownership _____

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.

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

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

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

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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		