

PERMIT # _____

Alabama State Board of Pharmacy

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

2021/2022 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

NAME/ADDRESS If information has changed enter corrections below. Please Type or Print

Name of owner(s): (If corporation, 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) _____

List name, address, license number, and hours employed of registered pharmacists, including owners, licensed assistants, and registered technicians. (Use back of application if necessary) NOTE: Pharmacist must be on duty at all times when pharmacy is open and drugs are being dispensed. Only person authorized by law may dispense drugs.

Table with 4 columns: Name, Address, License/Registration #, Hrs employed

Please designate Supervising Pharmacist Name and License # _____

Does this facility prepare sterile compounds? (Check all that apply) [] Yes [] No [] Non-sterile USP <795> [] Sterile USP <797> [] Both

NOTE- reconstituting commercially available products is not compounding.

[] Check here for Parenteral Certification

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

Name: _____ Address: _____ Permit # _____
Name: _____ Address: _____ Permit # _____
Name: _____ Address: _____ Permit # _____

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, officer, member, or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions? YES NO
2. Are you currently registered or permitted in any other state(s)? YES NO
3. Has applicant, officer, member, or partner owned a pharmacy, manufacturer, wholesaler, or distributor? YES NO
4. Has applicant, officer, member, or partner been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? YES NO
5. Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant, officer, member or partner involving the operation or ownership of a pharmacy, manufacturer, wholesaler or distributor? YES NO
6. Has the applicant, officer, member or partner been issued a license to practice pharmacy? YES NO
7. Has the license been sanctioned or subject to discipline? YES NO
8. 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

[] 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.

Signed _____ (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.

Notary (seal)

APPLICATIONS MUST BE NOTARIZED

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. (For non-resident) If the change of ownership resulted in a name or address change, please provide a copy of your updated home state license, board inspection report and DEA Certificate**
- 3. Bill of Sale (Purchase agreement, etc.)**
- 4. Complete ownership form**
- 5. Power of Attorney (POA) (if applicable)**
- 6. Discipline**

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:	

1

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		

2

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		