



**Alabama State Board of Pharmacy
New Non-Resident Pharmacy Application
Permit Fee \$750 Controlled Substance \$300**

Date Received
Office Use Only

1. Applicant Business Details

Name of Pharmacy			
All other trade or business names ("DBA" names) used by applicant:			
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)
Telephone Number for Business:		Federal Employer Identification Number/TIN:	
Alternate Phone Number:		Business E-mail:	
Fax Number:		DEA number:	

2. Pharmacy hours for dispensing drugs to AL patients (all hours below 20 hours must be Board approved)

Monday – Friday	Saturday	Sunday
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3. Procedures

Normal turn-around time from receipt of prescriptions to shipping drugs to Alabama patients (days):
Procedure to follow by Alabama patients if medication is not available or if delivery will be delayed beyond a normal delivery time:
Procedure to follow for prescriptions for an acute illness, to include delivery at the 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 drugs become available.

4. Supervising Pharmacist (Effective 6/9/14 – Alabama Licensed SP is required. See rule 680-X-2-.07(4) (f) Mail Order Prescriptions)

Name	License Number:	Supervising Pharmacist Phone Number:
Supervising Pharmacist E-mail:	Tech Ratio: _____ to _____	
Are you currently employed by and working at the pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No		

(Registration with the Secretary of State is required. Go to www.sos.state.al.us for further information)

Under the provision of the Code of Alabama §34-23-30, §34-23-31 and Board of Pharmacy regulation 680-X-2-.07, "No Non-