



**Alabama State Board of Pharmacy
Facilities Change of Ownership Application**

Fee: \$750

Date Received

Office Use Only

- **The change must be reported to the board within 10 days of such occurrence.** 680-x-2-.23(g)(6)
- Follow all instructions and include at a minimum, the first 3 items listed on the provided checklist. ****The remaining items on the checklist can be submitted if they are available, otherwise, they will be requested with a Change of Ownership Completion form once your initial submission is received/accepted****
- **Application fees are non-refundable.**
- An application **must be signed by the owner, officer, or CEO only**. Power of Attorney's will not be accepted.
- **All signatures must be less than 90 days old at the time of receipt.**
- Print single sided pages only. No double-sided applications will be accepted.
- All required forms must be provided for each submission. Documents will not be pulled from other applications.
- No copies will be accepted. Original "wet" signatures are required.
- No digital signatures will be accepted.
- Please **use the space provided** on the applications. If additional forms are needed, please make copies. If additional space is required to answer a question, please attach the information on a separate sheet of paper **once all space is used** on the application.
- If you have additional questions regarding the application process, please review the ***Facility Application FAQ's*** on our website <https://www.albop.com> .

**Mail Completed Application to:
Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242**

The following 3 items must be submitted along with this application:

Check made payable to: Alabama State Board of Pharmacy in the amount of \$750.00 (application fees are non-refundable)

Application Contact Form

- One contact per application

Ownership Organizational Charts

- Please provide 2 charts. One chart showing the ownership prior to the change, and the second chart must show the ownership after the ownership change. Both charts must show the legal business entities from the ultimate parent company down to and including the applicant and must include the legal business name, trade name, tax identification (if US company) and type of ownership for each entity on the charts. The same type of charts must be included for Individual Ownership as well, and the charts must include the Owners name, title, and percentages owned.

The remaining items listed below can be submitted if they are available, otherwise you will receive a Change of Ownership Completion Form once your application is accepted for review by our office:

DEA Certificate (copy) or Controlled Substance Waiver

- If your facility does not have a controlled substance permit, you must complete the attached waiver.

Copy of Home State License (must reflect new name if name change occurred)

- This must be a copy of the actual certificate.
- If your state does not require your facility to have a license, provide proof of exemption.

Verification of the Home State License

- This can be a current online verification from the home state issuing agency, but the printed verification should be within the past 30 days.
- Verifications mailed directly to our office from other regulatory agencies will not be accepted.
- If your state does not require your facility to have license, then a verification is not required.

Individual History Affidavit for the following people listed on the application

- Designated Representative 680-x-2-.23(h)
- All natural person owners
- All Executive officers

Copy of legal document showing the change of ownership

- This can be a bill of sale, stock transfer, or other legal transfer document. Please include the first page(s) that shows all parties involved in the transfer and the last page(s) that has the signatures and date.

Business History Affidavit for the following entities listed on the application

- The applicant business
- All entity owners



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Business Details: *If any of the below information changed because of the CHOW please provide the new details.*

Name of Business:			Permit #
Business Address: <i>Number and Street</i>			
City	State	Zip	County (If in Alabama)
Phone Number	Fax Number	FEIN/TIN	

Facility Designated Representative:

Name		Date of Birth	Social Security Number
Title		Email	
Phone Number		Home Address: <i>Number and Street</i>	
City	State	Zip	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No

Ownership: *Please provide the details for the new 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 <input type="checkbox"/> Other _____

Entity Owners

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

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:		

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:		

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		

Effective Date of Change of Ownership _____

Please initial the box next to each statement:

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 Act, the Rules of the Board and all other applicable statutes and rules.

It is affirmed that the operations for this facility have not changed because of the Change of Ownership. It is understood that failure to notify the board of such changes may result in the initiation of disciplinary proceedings.

I understand that I must submit all supporting documents within 60 days of receipt of the change of ownership completion form. Failure to do so means that my change of ownership application is incomplete and could result in disciplinary action by the Alabama Board of Pharmacy.

Signature of Owner, Officer, or CEO only

Title

Printed Name

Date

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

FORM MUST BE NOTARIZED

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

APPLICATION MUST BE NOTARIZED

Notary Public (seal)



CONTROLLED SUBSTANCE WAIVER

Date Received
Office Use Only

Applicant Business Information

<i>Name of Business:</i>			
<i>Address of Business: Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

I am hereby requesting the Board to issue only a permit and that no activities requiring a controlled substance registration will be performed during the referenced period. I understand that providing a false statement or engaging in any activity requiring a controlled substance registration may result in discipline.

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____, 20_____ A.D.
APPLICATION MUST BE NOTARIZED

Notary Public (seal)



INDIVIDUAL HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Name: <i>First</i> _____ <i>MI</i> _____ <i>LAST</i> _____		Date of Birth: _____
Social Security Number: _____	Telephone Number: _____	Email Address: _____
Home Address: <i>Number and Street</i> _____ <i>City</i> _____ <i>State</i> _____ <i>Zip</i> _____		

Position with Business: *(Check all that apply)*

Owner
 Partner
 Officer
 Stockholder
 Member
 Designated Representative
 Other: Specify _____

1.	Have you been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been convicted of a felony or misdemeanor, excluding minor traffic conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you been convicted of violating any laws regulating controlled substances or prescription legend drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been issued a license to practice pharmacy or as a pharmacy technician?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any license, permit, registration, certification or like authority issued to you or any entity you own/owned in whole or part by any board of pharmacy or any other occupational or regulatory board been sanctioned or subject to discipline in any way? If so, attach a copy of the discipline.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you currently or have you ever been charged with a substance abuse violation or been in a substance abuse treatment program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Are there currently any pending investigations or charges regarding any license, permit or registration issued to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Have you ever been denied, refused, or withdrawn an application for a permit or surrendered a license once issued for a pharmacy, manufacturer, wholesaler, distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Have you or any entity you own/owned in whole, or part ever surrendered or failed to renew any license, permit, registrations, certification or like authority issued by any board of pharmacy or any other regulatory board? If so, list state, type of license, etc., the occupation or profession, and reason for the surrender or failure to renew.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Have you or any entity you own/owned in whole or in part ever been denied any license, permit, registration, certification or like authority by any board of pharmacy or any other occupational or regulatory board? If so, list state, type of license, etc., the occupation or profession, and reason for denial.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Have you been licensed, permitted, or registered in any other state(s) as a pharmacist, pharmacy technician or any other position requiring a license, permit or registration from a pharmacy board or requiring a permit involving dispensing controlled substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Has an FDA 483 or Warning Letter ever been issued to any entity in which you have been or are currently involved/affiliated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	Has any final judgement 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, or Partner or by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered "Yes" to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, board orders, disciplines, or court proceedings.

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 Act, the Rules of the Board and all other applicable statutes and rules.

Signature

Title

Printed Name

Date

FORM MUST BE NOTARIZED

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

APPLICATION MUST BE NOTARIZED _____

Notary Public (seal)



BUSINESS HISTORY AFFIDAVIT FORM

Date Received
Office Use Only

Applicant Business Business Entity Owner

Name:	FEIN/TIN#		
Address: <i>Number and Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

1.	Has this entity or any Owner, Officer, Member, Director, Manager or Partner thereof been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has this entity ever owned or now own in whole or part any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer and/or third-party logistics company? If so, has any license or permit issued to any described entity been surrendered or subject to discipline in connection with the activities of any such entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has this entity ever been denied or refused an application for a permit for a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503 outsourcer and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has any license or permit issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, third-party logistics company and/or any other entity 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?	
5.	Has this entity ever withdrawn an application for a permit or surrendered a license once issued to any pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Has this entity ever owned in whole or in part or now own any entity that has been denied, refused, or withdrawn an application for a permit or license of a pharmacy, manufacturer, wholesale distributor, repackager, private label distributor, 503B Outsourcer, and/or third-party logistics company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has an FDA 483 or Warning Letter ever 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Has any final judgement 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered Yes to any of the above questions you must attach an explanation that includes the date, license type, license number, your position, state issued, and a copy of any arrest records, disciplinary orders, or court proceedings.

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 Act, the Rules of the Board and all other applicable statutes and rules.

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

FORM MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____, 20_____ A.D.
APPLICATION MUST BE NOTARIZED

Notary Public (seal)
8/22



Application Contact Person

Date Received
Office Use Only

Applicant Business Information

Name of Business:			
Address of Business: Number and Street	City	State	Zip Code

Please provide the best contact details for the person to be contacted regarding any deficiencies, questions, or concerns about this application. **All correspondence regarding this application will be directed to this individual only.**

Name:	Telephone Number:		
Company Name:			
Business Mailing Address: Number and Street	City	State	Zip Code
Email Address:			

Signature Owner, Officer, or CEO only

Title

Printed Name

Date

We recommend adding kpickett@albop.com and sgamble@albop.com to your email contact list to help prevent missing important correspondence.