

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

Form with two columns: left column is blank, right column contains text: 'If information has changed enter corrections below. Please Type or Print'

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) _____

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. Contains three rows of blank lines for data entry.

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, 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
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? 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. 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)