

For Office Use Only
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Alabama State Board of Pharmacy
111 Village Street
Birmingham, AL 35242
(205) 981-2280

For Office Use Only
Permit # _____
Mail Order # _____
Date: _____
Payment: _____

2021/2022 NON-RESIDENT PHARMACY
APPLICATION FOR NEW PERMIT
(Valid through 12/31/22)

Permit Fee \$750 Controlled Substances Fee \$300.00

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

Name _____ FEIN # _____ (Required in the event of reporting to NPDB)

Address _____

City _____ State _____ Zip _____

Toll free phone # _____ Fax # _____ Cell # _____

Supervising Pharmacist _____ Alabama License # _____ Email _____

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

Name of owner: (if corporation, attach list of officers) _____

Alabama Agent of Record: (name) _____

(Address) _____ (phone) _____

Any non-resident pharmacy that does not designate a registered agent shall be deemed an appointment of the Secretary of State of the State of Alabama to be its true and lawful attorney.

Pharmacy hours for dispensing drugs to Alabama patients: Monday – Friday _____ Sat _____ Sun _____

Normal turn around time from receipt of prescriptions to shipping drugs to AL patients (days) _____

Procedure to follow by AL 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 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 _____

Does this facility prepare sterile compounds? (Check all that apply) YES NO Non-Sterile USP <795> Sterile USP<797>
Complete compounding questionnaires downloaded from our website. NOTE: reconstituting commercially available products is not compounding.

Do you currently have a federal registration with the Drug Enforcement Administration?	YES	NO
DEA # _____ Expiration Date _____ Applied for _____		
Person (s) authorized to sign DEA blanks _____		
Has applicant, officer, member or partner been arrested and/or convicted of a felony or misdemeanor, excluding minor traffic convictions?	YES	NO
If yes, explain _____		
Are you currently registered or permitted in any other state(s)?	YES	NO
If yes, list state(s) (including AL) _____		
Has applicant, officer, member or partner ever owned a pharmacy, manufacturer, wholesaler, or distributor?	YES	NO
If yes, give state(s) & status _____		
Has applicant, officer, member or partner ever been denied or refused an application for ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s) & status _____	YES	NO
Has any sanction or disciplinary action been taken regarding any license, permit or registration issued to the applicant or any officer or partner of the applicant involving the operation or ownership of a pharmacy, manufacturer, wholesaler, or distributor? If yes, give state(s), status & explanation _____	YES	NO
Has the applicant, officer, member, or partner ever been issued a license to practice pharmacy?	YES	NO
If yes, give state(s) & status of the license _____		
Has the license ever been sanctioned or subject to discipline?	YES	NO
If yes, explain _____		
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.

Signed _____ (Title) _____ Date _____ Applicant's SS _____ REQUIRED by Code of Alabama 1975 § 30-3-194 (a)

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

Subscribed and sworn to before me this _____ day of _____ 20 _____

APPLICATION MUST BE NOTARIZED.

Notary Public (Seal)

Under the provisions of the Code of Alabama, §34-23-30, §34-23-31 and Board of Pharmacy regulation 680-X-2-.07, "No Non-Resident Pharmacy shall ship, mail or deliver prescription drugs and/or devices to a patient in Alabama unless registered by the Alabama State Board of Pharmacy". Please provide the policies and procedures that set forth the normal delivery protocols to Alabama patients from the pharmacy providing pharmacy services.

ATTACH A COPY OF THE RESIDENT STATE PHARMACY LICENSE
Registration with the Alabama Secretary of State is required. Go to www.sos.state.al.us for further info

The following is required for non-resident pharmacy application:

1. Home state licenses for both pharmacy and pharmacist
2. Home state license verification for both pharmacy and pharmacist
3. DEA Certificate (or complete CS Waiver)
4. CS Waiver (if applicable)
5. Board inspection report
6. Description of business model/operation and pharmacy type
7. Owner/Officer information (Business name w/FEIN#, Officers- Name, SSN, DOB, Home address and Title)
8. Discipline or any FDA 483

For compounding:

9. VPP Inspection report and response (required)
10. 795 and/or 797 questionnaires (on website at www.albop.com)
11. List of all compounded medications (dosage form, strength, human or animal use)
12. NIOSH list of meds (if applicable)
13. Beyond use date policy
14. Policy on testing compounds (potency, stability, sterility, & endotoxins)
15. Environmental monitoring reports (to include viable and nonviable air flow)