

Alabama State Board of Pharmacy

111 Village Street
Birmingham, Alabama 35242
(205) 981-2280 fax (205) 981-2330

For Office Use Only
P _____
CS _____

For Office Use Only
Permit # _____
Inspector _____
Date _____
Approved _____
Validation # _____

2017/2018 PHARMACY APPLICATION FOR NEW PERMIT
(Valid through 12-31-2018)

Permit Fee: \$200 Controlled Substance Fee: \$300

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

Name _____

Address _____

City _____ State _____ Zip _____ County _____

COMPLETE FOR NEW PHARMACY ONLY

Give date you plan to open _____ Date prescription room will be ready for inspection _____
New pharmacy applications must be filed thirty (30) days prior to opening. A new pharmacy may not open until permit has been issued. At least fifteen (15) days must be allowed between above dates. Applicant must notify inspector if there is any change in above dates. (See §34-23-30 & 34-23-71, Title 34, Chapter 23, Code of AL 1975)

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

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

Phone # _____ Fax # _____ Cell # _____

E-mail Address _____

List name, address, license number, and hours employed of registered pharmacists, including registered 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 entries.

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 # _____

Give hours pharmacy is open for business: (M-F) _____ (Sat) _____ (Sun) _____

Form with multiple questions regarding DEA registration, criminal history, other state registrations, pharmacy ownership, and disciplinary actions. Includes YES/NO columns.

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 _____ 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 _____ A.D.

APPLICATION MUST BE NOTARIZED

Notary Public (seal)