

FOR OFFICE USE ONLY



Rhode Island Board of Pharmacy

Room 103
3 Capitol Hill
Providence, RI 02908-5097

Receipt #:

ID#:

Issue Date:

License # **PHN**
CPHN

Instructions and Application For

Pharmacy - Nonresident License and Controlled Substances Registration

- | | |
|---|---|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Change of Location (License # _____) |
| <input type="checkbox"/> Controlled Substances Registration | <input type="checkbox"/> Change in Ownership (License # _____) |

CHOOSE ONLY ONE

Practice Specialty:

- | | |
|--|--|
| <input type="checkbox"/> Long Term Care Pharmacy | <input type="checkbox"/> Central Fill Pharmacy |
| <input type="checkbox"/> Telepharmacy | <input type="checkbox"/> Nuclear Pharmacy |
| | <input type="checkbox"/> Compounding |
| | <input type="checkbox"/> Parenteral |

Applicant - Print Pharmacy/Facility Name

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Licensure Requirements

- Application Fee of **\$340.00** (add \$100.00 for Controlled Substances Registration for a total of **\$440.00**)
Check or money order only (**NOTE:** All application fees are **non-refundable**).
- Valid, unexpired license, permit or registration issued by the state in which located.
- Compliance with the regulations of this state when dispensing legend drug/devices to residents of this state.

Resident Agent

A nonresident pharmacy shall designate a resident agent in this state for service of process. If not so designated, it shall be deemed an appointment by such nonresident pharmacy of the Secretary of State to be its true and lawful attorney upon whom may be served all legal process in any action or proceeding against such pharmacy growing out of or arising from such delivery. A copy of any such service of process shall be mailed to the nonresident pharmacy by the complaining party by certified mail, return receipt requested, postage prepaid, at the address of such nonresident pharmacy as designated on the pharmacy's application for licensure in this state. If any such pharmacy is not licensed in this state, service on the Secretary of State in this state only shall be sufficient service.

Upon receipt of a complaint against the nonresident pharmacy, the Rhode Island Board of Pharmacy (BOARD) shall forward the complaint to the state/provincial boards where the nonresident pharmacy is licensed.

Rules and Regulations

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the BOARD.

Application Process

This application is to be used for licensing a pharmacy located outside the State of Rhode Island that ships, mails or delivers prescription drugs and/or devices to a patient in this state, or to apply for a new license due to a change in ownership or location. Prescription drugs or devices cannot be shipped, mailed, or delivered to a patient in this state without being licensed by the BOARD. The nonresident pharmacy must maintain, at all times, a valid unexpired license, permit or registration to operate the pharmacy in compliance with the laws of the state in which it is located.

A pharmacy license will be issued to a person, owner, corporation, or other legal entity, hereinafter called the "Licensee". The license shall entitle the owner to operate such pharmacy at the location specified on the license and shall not be transferred. When there is a change in ownership, operation and/or location, the license immediately becomes void and shall be mailed by the licensee to the BOARD. It is the duty of the owner to immediately notify the BOARD of any proposed change of location or ownership, and to file the required application prior to the change. Renovating or remodeling an existing pharmacy is not considered a change of location.

"Change of ownership" means:

- a. In the case of a pharmacy, manufacturer or wholesaler which is a partnership which results in a new partner acquiring a controlling interest in the partnership;
- b. In the case of a pharmacy, manufacturer or wholesaler which is a sole proprietorship, the transfer of the title and property to another person;
- c. In the case of a pharmacy, manufacturer or wholesaler which is a corporation:
 - i. A sale, lease exchange, or other disposition of all, or substantially all of the property and assets of the corporation; or
 - ii. A merger of the corporation into another corporation; or
 - iii. The consolidation of two or more corporations, resulting in the creation of a new corporation; or
 - iv. In the case of a pharmacy, manufacturer or wholesaler which is a business corporation, any transfer of corporate stock which results in a new person acquiring a controlling interest in the corporation; or
 - v. In the case of a pharmacy, manufacturer or wholesaler which is a nonbusiness corporation, any change in membership which results in a new person acquiring a controlling vote in the corporation.

All items listed on the "checklist" (page 10) must be submitted for an application to be considered complete. All applications are considered valid for six months from the day they are received at HEALTH. If you do not complete the application process and obtain a license within those six months, a new application and fee must be submitted.

Please allow a minimum of four weeks for the entire licensure process to be completed. If the applicant has had criminal or disciplinary history in Rhode Island or another state, it may take an additional two or three months for all pertinent documentation to be received, and a decision to be made regarding the issuance of a license. This is an estimate of the amount of time that is required to become licensed. The entire process may take more or less time than estimated.

APPLICATION PROCESS OVERVIEW

(continued)

Licenses will be issued within five working days following the Board's approval of the completed application. Wall permits are mailed approximately two weeks from the date of issuance, and are mailed to the address furnished in the application. It is the applicant's responsibility to notify the BOARD, in writing, if there are changes during the interim, or at any time after the license is issued. It is the responsibility of the licensee to notify the BOARD in writing when there is a change in the pharmacist-in-charge.

A nonresident pharmacy must comply with the regulations of this state when dispensing legend drugs or devices to residents of this state.

HEALTH will not, for any reason, accelerate processing of one applicant at the expense of other applicants. Once completed, the application will be reviewed, and the applicant will be contacted by the BOARD if further information is required. Be advised, the applicant may be required to appear for an interview.

NOTE:

Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal Law.

The license will expire on September 30th (***regardless of the date issued***), and a form will be mailed to renew the pharmacy license for the period October 1st through September 30th. It is the licensee's responsibility to maintain an active license. If a renewal is not received, the licensee is to contact the BOARD to followup on the status of the renewal:

<https://healthri.mylicense.com/Verification/>

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the Board application. If you have any questions about this application process, or would like to check on the status of your BOARD application, please contact the BOARD at (401) 222-2837.

INSTRUCTIONS FOR COMPLETING THE BOARD APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the Board application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays. All of the information provided is subject to change.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type the information or print in blue or black ball-point pen. Board staff will not make assumptions about illegible information. Be sure to print the licensee's name in the box provided on the cover page.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. It is suggested that a copy of the completed application be made before submitting it to the Board.
5. It is the applicant's responsibility to check on the status of the application.

Completing your Board Application

1. Complete the **Board Application** pages (6-9). Respond to all components of the application as instructed. If you attach separate pages in continuation of the Board application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make a check or money order (in U.S. Funds only) for the application fee of **\$340.00** (or **\$440.00** with CSR application) payable to **General Treasurer, State of Rhode Island** and staple it to the upper left-hand corner of the cover page of the application.
3. Attach a copy of the license issued by the state in which located.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 10). Do not submit applications without all applicable information, documentation and fee. Mail these components of the application to:

**Rhode Island Department of Health
Board of Pharmacy, Room 103
3 Capitol Hill
Providence, RI 02908-5097**



State of Rhode Island Board of Pharmacy

Application for Pharmacy - Non-resident License

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Facility Name:

Facility Name

2. Pharmacist-in-Charge

Provide the name of the pharmacist who is responsible for the day-to-day operations of the pharmacy.
NOTE: A change in the Pharmacist-in-Charge requires written notification to the BOARD.

Pharmacist License Number

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Area Code

Phone Number

Extension

Unlisted?

3. Facility Mailing Information:

Please provide the mailing information for all communication regarding this license. It is your responsibility to notify the board of all address changes.

This information will NOT appear on the HEALTH Web site.

First Line Address

Second Line Address

Third Line Address

City

State

Zip Code

Country, If NOT U.S.

Postal Code, If NOT U.S.

Mailing Address Phone

Extension

Mailing Address Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

4. Facility Location Information:

It is your responsibility to notify the board of all address changes.

This information will appear on the HEALTH Web site.

First Line Address

Second Line Address

Third Line Address

City

State

Zip Code

Country

Postal Code, If NOT U.S.

Facility Phone

Extension

Facility Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

5. Type of Ownership

Please Check ONE

Corporation

Limited Liability Company

Partner

Sole Proprietorship

Limited Partnership

Partnership

Governmental Entity

Other (Describe):

6. Ownership Information:

Provide the name address and telephone number(s) of the facility/ business owner in the spaces provided.

Name of Owner																																																																																																			
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Email Address (Format for email address is Username@domain e.g. applicant@isp.com)																																																																																																			
U.S. Social Security Number (SSN)																														<p>“Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN)/Federal Employer Identification Number (FEIN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State.”</p>																																																																					
Federal Employer Identification Number (FEIN)																																																																																																			

NOTE: If you are the sole proprietor of a facility or business, then you must supply your Social Security Number (SSN). If you are an individual representing a facility or a business that is seeking licensure, then you must supply the Federal Employer Identification Number (FEIN) for the facility or the business.

7. Agent of Record:

Please provide the Name and Address of the Resident Agent of Record in this state.

If none, please check the box labeled "None".

Agent of Record																																																																																																			
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Email Address (Format for email address is Username@domain e.g. applicant@isp.com)																																																																																																			

NONE

NOTE: The Rhode Island Secretary of State shall be deemed to be the true and lawful attorney for the nonresident pharmacy if a Resident Agent is not designated on the application.

8. Pharmacy License and NCPDP #'s

Please provide your Out-Of-State Pharmacy License number and your NCPDP Number.

Out-of-State Pharmacy License Number																																								State										NCPDP Number (no dashes)									

National Council for Prescription Drug Programs Number (NCPDP)
[formerly know an National Association of Board of Pharmacy Number (NABP#)]

11. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I hereby authorize all hospital(s), institution(s) or organizations(s), my references, personal physicians, employers (past and present) and all governmental agencies and instrumentality's (local, state, federal or foreign) to release to the Rhode Island Board of Pharmacy any information which is material to my application for licensure.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice pharmacy in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Pharmacy of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

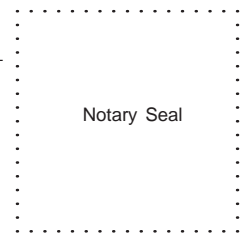
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 6-9).
- I have attached the cover page of the application.
- I have completed Section 10, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the “**RI General Treasurer**” in the amount of **\$340.00 (\$440.00 with CSR)** and attached it to the upper left-hand corner of the first (Top) page of the application.
- I have arranged my Board Application materials in the following order:
 1. Fee (attached as instructed).
 2. Board Application (includes cover page and pages 6-9).
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application **MUST** indicate the section for which the information is being reported.]

- I have mailed the above application materials directly to the Rhode Island Department of Health, Board of Pharmacy.
- I have contacted the Drug Enforcement Administration concerning a federal DEA Controlled Substances Registration (CSR), if applicable.