

FOR OFFICE USE ONLY



Rhode Island
Board of Pharmacy
Room 104
3 Capitol Hill
Providence, RI 02908-5097

Receipt #:

ID#:

Issue Date:

License # R-DIS

Instructions and Application For

Re-Distributor License

New Application

Change of Location (License # _____)

Change in Ownership (License # _____)

Has the ownership sale finalized? YES NO

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

Re-Distributor

- In State - Application Fee of \$220.00 (Check or money order only (NOTE: All application fees are non-refundable)
- Out-Of-State - Application Fee of \$340.00 Check or money order only (NOTE: All application fees are non-refundable)
- Licensure in state in which located (home state)

For facilities located in this state, an inspection must be completed prior to the issuance of a license. Once your application is accepted by the Department, facilities will be contacted to schedule an inspection.

Every re-distributor, wherever located, who engages in redistribution into, out of, or within this state, must be registered licensed by the Board in accordance with the laws and regulations of this state, before engaging in re-distribution of prescription drugs. Where operations are conducted at more than one location by a single re-distributor, each such location distributing into the state shall be registered licensed by the Board. Each board of pharmacy in the state(s) in which the applicant holds a registration or license shall submit to the Department in this state a statement confirming the applicant holds a current license in good standing in said state.

A “Re-Distributor” is for the purposes of the Pharmaceutical Re-distribution Program, means as defined in R.I. Gen. Laws § 23-25.6-2(12). Re-distributors shall also include out-of-state re-distributors engaged in re-distribution of medications pursuant to the provisions of R.I. Gen. Laws Chapter 23-25.6. Re-distributors must be licensed by the Department as distributors in accordance with the provisions of R.I. Gen. Laws Chapter 21-28, as amended.

Where operations are conducted at more than one location by a single re-distributor, each such location re-distributing into the state shall be licensed by the Board. Each board of pharmacy in the state(s) in which the applicant holds a registration or license shall submit to the Department in this state a statement confirming the applicant holds a current license in good standing in said state.

Rules and Regulations

To obtain the Rules and Regulations for your profession visit the Licensing page at the following web site.

<https://health.ri.gov/licensing/pharmacy>

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 Professions Regulation, and the Rhode Island Board of Pharmacy (BOARD).

Application Process

This application is to be used for a new license as a drug re-distributor and to apply for a new license due to a change in ownership or location. A 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 facility at the location specified and shall not be transferred. When there is a change in ownership, operation and/or location, the license immediately becomes void and notification is given to the BOARD by the licensee. It is the duty of the owner to notify the BOARD of any proposed change of location or ownership, and to file the required application prior to the change. The Department requests that any changes in any information by this section be submitted within fifteen (15) days of change.

"Change of ownership" means:

- a. In the case of a re-distributor which is a partnership which results in a new partner acquiring a controlling interest in the partnership;
- b. In the case of a re-distributor which is a sole proprietorship, the transfer of the title and property to another person;
- c. In the case of a re-distributor 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 re-distributor 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 re-distributor which is a non-business 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.

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.

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 emailed 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.

APPLICATION PROCESS OVERVIEW (continued)

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 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 follow-up 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 (6-8). 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(s) per the instructions, payable to General Treasurer, State of Rhode Island and staple it to the upper left-hand corner of the cover page of the application.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 9). 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 104
3 Capitol Hill
Providence, RI 02908-5097

Applicant: Print your complete business name >

6. Ownership Information:

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

NOTE:

If practitioner ownership, please provide aggregate financial interest and attach information to this application.

Name of Owner																																																																																																			
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“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.”

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.

8. Discipline Question

1. Have any of your licenses been denied or disciplined in any state or jurisdiction?

Yes No

NOTE: If you answer “Yes” to this question, you are required to furnish complete details, including date, place, reason and disposition of the matter.

9. 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 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 6-8).
- I have removed the "General Information", "Overview" and "Instructions" sections and have attached the cover page to the top of the remainder of the application.
- I have completed Section 8, "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**" and attached it to the upper left-hand corner of the cover (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 6-8).
 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].
 4. A complete list of all direct or indirect owners with percentages of ownership indicated.
- I have attached a copy of the resident license for this facility.
 - If the facility is going through a change of ownership, include the resident license that is a result of the ownership change. Do not submit a copy of the license that is for the previous owner.
- I have mailed the above application materials directly to the Rhode Island Department of Health, Board of Pharmacy.