

**DIVISION OF MEDICAL QUALITY ASSURANCE
BOARD OF PHARMACY
4052 BALD CYPRESS WAY, BIN #C-04
TALLAHASSEE, FLORIDA 32399-3254
(850) 245-4292**



NONRESIDENT PHARMACY PERMIT APPLICATION

July 2016

Nonresident Pharmacy Permit Application Information

Nonresident Pharmacy Registration as authorized by Section 465.0156, F.S., is required for those pharmacies located outside the state and which ships, mails, or delivers a dispensed medicinal drug into this state. In order to dispense medicinal drugs into Florida, the pharmacy and the pharmacist designated as the prescription department manager or equivalent must be licensed in the state of location. This permit does not authorize the nonresident pharmacy to ship, mail, deliver, or dispense, in any manner, a compounded sterile product into Florida.

The permit application must be completed and returned to the Florida Board of Pharmacy with the required fee of \$255.00. The application must have the original signature of the owner or officer of the establishment. You must provide a toll free number, which is available 6 days a week, not less than 40 hours, and the pharmacist must be able to access the patient records.

Definition:

For purposes of this application, when the term "affiliated person" is used, the term shall mean any person who has an ownership interest of 5% or greater in the pharmacy and any person who directly or indirectly manages, oversees, or controls the operation of the pharmacy.

Application Processing: Please read all instructions before completing your application.

1. Please mail the application and the \$255.00 application fee (check or money order made payable to the FLORIDA DEPARTMENT OF HEALTH) to the following address:

Department of Health
Board of Pharmacy
P.O. Box 6330
Tallahassee, Florida 32314-6320

OR, use the following address if you are using express mail:

Department of Health
Board of Pharmacy
4052 Bald Cypress Way, Bin C-04
Tallahassee, FL 32399-3254

2. Please submit a letter of licensure verification for the facility and the prescription department manager or your state's equivalent to a PDM (i.e., Pharmacist in Charge) from the state board of pharmacy where you are located. The letter must include:
 - a. Original Licensure Date;
 - b. Expiration Date; and
 - c. Licensure Status.
3. Please submit a copy of your most recent inspection by the state board of pharmacy or the entity responsible for conducting inspections in the state where you are physically located.

Within 30 days of receipt of your application and fees, the board office will notify you regarding any missing documents and your application status. If your application is incomplete, you will be notified in writing of what is required to deem your application complete. An incomplete application will expire after one year.



FLORIDA BOARD OF PHARMACY

P.O. Box 6330
 Tallahassee, FL 32314-6320
 Telephone (850) 488-0595
www.floridaspharmacy.gov

NONRESIDENT PHARMACY PERMIT APPLICATION

Please submit the application fee and unlicensed activity fee totaling \$255 with your application.

List Federal Employer Identification Number:

1. Corporate Name	Telephone Number
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2. Doing Business As (d/b/a)	E-Mail Address (optional)
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3. Mailing Address

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City	State	Zip
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4. Physical Address

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City	State	Zip
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5. List Prescription Department Manager (PDM) or equivalent

Name	License No.	Start Date
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6. Contact Person	Telephone Number
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7. DEA Registration Number	8. Do you have 24 hour access to patient records?
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	<input type="checkbox"/> YES <input type="checkbox"/> NO If no explain on separate sheet
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9. Operating Hours	10. Provide the Toll-Free Telephone number available six days a week for 40 hours below:
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11. Ownership Information

a. Type of Ownership: _____ Individual _____ Corporation _____ Partnership
 _____ Other: _____

NOTE: IF CORPORATION OR LIMITED PARTNERSHIP YOU MUST INCLUDE WITH YOUR APPLICATION A COPY OF THE ARTICLES OF INCORPORATION ON FILE WITH THE SECRETARY OF STATE'S OFFICE WHERE THE PHARMACY IS LOCATED.

b. List each principal, officer, agent, managing employee or affiliated person of the applicant.
Attach a separate sheet if necessary.

Name and Title	Date of Birth	Mailing Address	% of Ownership

Pursuant to Section 456.0635(2), *Florida Statutes*, questions 12 through 19 must be answered. If you answer yes to any of the following questions, explain on a separate sheet providing accurate details and submit copies of supporting documentation. Supporting documentation must include at a minimum the official charging document and the official judgment and sentence.

12. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If no, do not answer 13.)

Yes _____ No _____

13. If "yes" to 12, for the felonies of the first or second degree (or the equivalent level of felony in another state or jurisdiction), has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?

Yes _____ No _____

13a. If "yes" to 12, for the felonies of the third degree (or the equivalent level of felony in another state or jurisdiction), has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes or a similar felony offense committed in another state or jurisdiction.

Yes _____ No _____

13b. If "yes" to 12, for the felonies of the third degree (or the equivalent level of felony in another state or jurisdiction) under Section 893.13(6)(a), Florida Statutes or a similar felony offense committed in another state or jurisdiction has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?

Yes _____ No _____

13c. If “yes” to 12, has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or the charges dismissed? (If yes, please provide supporting documentation.)

Yes _____ No _____

14. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? (If no, do not answer 15.)

Yes _____ No _____

15. If “yes” to 14, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?

Yes _____ No _____

16. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If no, do not answer 17.)

Yes _____ No _____

17. If “yes” to 16, has the applicant or any principal, officer, agent, managing employee, or affiliated person been reinstated and in good standing with the Florida Medicaid Program for the most recent five years?

Yes _____ No _____

18. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant ever been terminated for cause, pursuant to the appeals procedures established by the state or any other state Medicaid program? (If no, do not answer 18a and 18b.)

Yes _____ No _____

18a. Has the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant been in good standing with a state Medicaid program for the most recent five years?

Yes _____ No _____

18b. Did the termination occur at least 20 years prior to the date of this application?

Yes _____ No _____

19. Is the applicant or any principal, officer, agent, managing employee, or affiliated person of the applicant currently listed on the United States Department of Health and Human Services Office of Inspector General’s List of Excluded Individuals and Entities?

Yes _____ No _____

20. Has the principal, officer, agent, managing employee, or affiliated person of the applicant ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime other than a minor traffic offense?

Yes _____ No _____

(You must include all misdemeanors and felonies, even if adjudication was withheld by the court, so that you would not have a record of conviction. Driving under the influence or driving while impaired is NOT a minor traffic offense for the purposes of this question.)

21. Is the applicant currently registered or permitted in any state? If yes, provide the jurisdiction, permit type, and permit number for each permit. Attach a separate sheet if necessary.

Yes _____ No _____

State	Permit Type	Permit Number

22. Has the applicant or any principal, officer, agent, managing employee, or affiliated person ever owned a pharmacy? If yes, provide the name of the pharmacy, the state where the pharmacy is located and the status of the pharmacy. Attach a separate sheet if necessary.

Yes _____ No _____ (If yes, explain on a separate sheet providing accurate details)

Pharmacy Name	State	Status

23. Has any disciplinary action ever been taken against any license, permit or registration issued to the applicant, any principal, officer, agent, managing employee, or affiliated person in this state or any other?

Yes _____ No _____ (If yes, explain on a separate sheet providing accurate details)

24. Is there any other permit issued by the Florida Department of Health located at the physical location address on this application?

Yes _____ No _____ (If yes, explain on a separate sheet providing accurate details)

ALL QUESTIONS MUST BE ANSWERED OR YOUR APPLICATION WILL BE RETURNED

Section 456.013(1), F.S., requires that applicants supplement their applications as needed to reflect any material change in any circumstances or conditions stated in the application, which takes place between the initial filing of the application and the final grant or denial of the license, which might affect the decision of the department.

I certify that the statements contained in this application are true, complete, and correct and I agree that said statements shall form the basis of my application and I do authorize the Florida Board of Pharmacy to make any investigations that they deem appropriate and to secure any additional information concerning me, and I further authorize them to furnish any information they may have or have in the future concerning me to any person, corporation, institution, association, board, or any municipal, county, state, or federal governmental agencies or units, and I understand according to the Florida Board of Pharmacy Statutes that a Pharmacy Permit may be revoked or suspended for presenting any false, fraudulent, or forged statement, certificate, diploma, or other item, in connection with an application for a license or permit, as set forth in Section 456.072(1)(h), F.S.

SIGNATURE _____ TITLE _____ DATE _____
 Owner/Officer

NONRESIDENT PHARMACY PERMIT APPLICATION CHECKLIST

Keep a copy of the completed application for your records.

It is recommended that you use the following checklist to help ensure that your application is complete. Failure to attach any required document, or to have required documentation sent to the Board, will result in an incomplete application. Faxed applications will not be accepted.

- Application Completed (all questions answered)**
- Application Signed**
- Pharmacy Manager and Pharmacy License Verification from the resident state**
- \$255.00 Fee Attached (Permit fee includes \$250 application fee and \$5.00 unlicensed activity fee)**
- Certificate of Status for the Corporation from the Secretary of State**
- Copy of the most recent Pharmacy Inspection Report**