Nonresident Pharmacy License Application Packet

Contents:

In order to process your request:

Mail your application with initial documentation and your check or money order payable to:

Department of Health
PO Box 1099
Olympia, WA 98507-1099

Send other documents not sent with initial application to:

Pharmacy Quality Assurance
Commission Credentialing
PO Box 47877
Olympia, WA 98504-7877

Contact us:

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.

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Application Instructions Checklist

When your application for nonresident pharmacy license is received by the Department of Health, you will be notified in writing of any outstanding documentation needed to complete the application process.

Indicate type of application—New, change of ownership, change of location, or name change.

- **New**—First time requesting a nonresident pharmacy license.
- **Change of Ownership**—When name of legal owner/operator changes resulting from the sale of licensed nonresident pharmacy.
- **Change of Location**—Include your current license number.
- **Name Change Only**—List your current facility name.

☐ **Check One:**
Please check your legal owner/operator business structure type according to your Washington State Master Business License.

☐ **Application Fees:** Check one; with controlled substance or without controlled substance. Fees are non-refundable. You can check the online **fee page** for current fees.

☐ **1. Demographic Information:**
Uniform Business Identifier Number (UBI #): Enter your Washington State UBI #. All Washington State businesses must have UBI #'s. City, county, and state government departments also have UBI#'s.

Federal ID Number (FEIN #): Enter your Federal ID Number, if the business has been issued one.

Legal Owner/Operator Name: Enter the owner's name as it appears on the UBI/Master Business License.

Mailing Address: Enter the owner's complete mailing address.

Phone and Fax Numbers: Enter the owner's phone and fax number.

Email and Web Address: Enter the owner's email and agency Web addresses, if you have them.

Facility/Agency Name: Enter the agency's name as advertised on signs, brochures or Web sites.

Physical Address: Enter the agency's physical street location including city, state, zip code, and county.

Phone and Fax Numbers: Enter the agency's phone and fax number.

Mailing Address: Enter the agency's mailing address, if different than physical address.

Email Address: Enter the agency's email address, if available.

☐ **2. Facility Information:**

Type of Pharmacy: Please check which type of pharmacy you are applying for; community retail, hospital, jail, long-term care, mail-order, nuclear, parenteral, or internet (include web address.

Hours Pharmacy will be open: Enter hours pharmacy will be open for Monday-Friday, Saturday, Sunday, and any holiday hours that will be open.

Pharmacy Toll-free Number: You are required to provide a toll-free number to be licensed as a pharmacy.

Date of Last resident state inspection: Indicate date of last resident state inspection and be sure to attach a copy of last inspection.

Credentials: List credential number and issue date if licensed in other states

Drug Enforcement Administration (DEA) Registration Number: Enter the Federal DEA registration number if dispensing controlled substances. Enter “pending” if the pharmacy has not been issued its DEA registration number.

Background Questions: Check yes or no and if you check yes, list and explain on a separate sheet of paper.

Pharmacist in Charge: Enter pharmacist name, license number, and date of appointment.

☐ **3. Contact Information:**

Enter name, title, phone number, fax number, and email address.

☐ **4. Additional Information:**

Corporation information: Enter date of incorporation, corporate number, and state of corporation.

Legal Owner: List the names, titles, addresses, and phone numbers of the corporate officers, partners, members, and managers. Attach additional completed pages if you need more space.

Change of Ownership Information: List the previous legal owner name, previous name of facility, previous license number, and effective date of ownership change.

List of Pharmacist: List all pharmacists working in your pharmacy. Attach additional completed pages if you need more space.

Agent of Record for Process Services: List the entity or individual that will serve as an agent of record that will accept legal services on behalf of the pharmacy, the agent’s address, and telephone number. The agent of record must be located in Washington State. The secretary of State’s office cannot serve as an agency of record.

Written Explanation: Provide a written explanation of the method used to maintain readily retrievable records of sales of controlled substances, legend drugs, and medical devices to individuals in Washington State.

☐ **Signature:**

Signature of legal owner or authorized representative.
Date signed.
Print name of legal owner or authorized representative.
Print title of legal owner or authorized representative.
Signature of pharmacist consultant.
Date signed.
Print name of pharmacist consultant.
Print title of pharmacist consultant.

Washington State Department of HEALTH

Date Stamp Here

Fees (check all that apply)
☐ Without controlled substance..... fee
☐ With controlled substance..... fee
All application fees are nonrefundable
You can check the online **fee page** for current fees.

Revenue: 0262010000

Nonresident Pharmacy License Application

This is for: ☐ New ☐ Change of Ownership ☐ Change of Location—Current License # _____

☐ **Name Change Only**—Current Facility Name _____

Check One

☐ Association	☐ Limited Partnership	☐ Sole Proprietor
☐ Corporation	☐ Municipality (City)	☐ State Government Agency
☐ Federal Government Agency	☐ Municipality (County)	☐ Tribal Government Agency
☐ Limited Liability Company	☐ Non-Profit Corporation	☐ Trust
☐ Limited Liability Partnership	☐ Partnership	

1. Demographic Information

UBI #		Federal Tax ID (FEIN) #	
Legal Owner/Operator Name			
Mailing Address			
City	State	Zip Code	County
Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address		Web Address:	
Facility/Agency Name (Business name as advertised on signs or Web site)			
Physical Address			
City	State	Zip Code	County
Facility Phone (enter 10 digit #)		Fax (enter 10 digit #)	
Email Address:			
Mailing Address (If different than physical address)			
City	State	Zip Code	County

2. Facility Information

Type of Pharmacy

☐ Community/Retail ☐ Hospital ☐ Jail ☐ Long-term Care (LTC)
☐ Mail-Order ☐ Nuclear ☐ Parenteral ☐ Internet ☐ Compounding

Pharmacy Hours (Indicate the hours the pharmacy will be open)

Monday–Friday	Saturday	Sunday	Holidays

Toll-free Phone Number (You must provide a toll-free number for your pharmacy to become licensed)

Pharmacy Toll-free Number_____

Pharmacy Inspection (include a copy on an inspection report conducted by a program approved by the commission and issued within two years (DOH 690-330)

Date of last inspection (attach copy): _____

Other State License (list below)

State	License/Registration Number	Date of Issuance

Controlled Substance Registration

☐ Drug Enforcement Administration (DEA) Registration # _____ (if applicable)

Background Questions Yes No

1. Have any applicants, partners, or managers had a suspension, revocation, or restriction of a professional license? ..... ☐ ☐
   If yes, list and explain on a separate sheet of paper.
2. Have any applicants, partners, or managers been found guilty of a drug or controlled substance violation? ..... ☐ ☐
   If yes, list and explain on a separate sheet of paper.

Pharmacist Consultant Name	License Number	Date of Appointment

3. Contact Information

Contact Person Name / Title	Phone (enter 10 digit #)	Email Address
Contact Person Name / Title	Phone (enter 10 digit #)	Email Address

4. Additional Information

Date of Incorporation	Corporate Number	State of Corporation

Legal Owner Information - attach additional completed pages if you need more space

List names, addresses, phone numbers, and titles of corporate officers, partners, members, and managers.

Name	Address	Phone (enter 10 digit #)	Title

Change of Ownership Information

Previous Name of Legal Owner		
Previous Name of Facility	Previous Pharmacy License #	Effective Date of Ownership Change

List all Pharmacist–attach additional completed pages if you need more space.

Name	License #

Agent of Record in Washington State for Service of process (cannot use the Secretary of State's Office)

Name of Agent of Record	Address	Phone (enter 10 digit #)

Written Explanation

Provide a written explanation of the method used to maintain readily retrievable records of sales of controlled substances, legend drugs, and medical devices to individuals in Washington State.

Signature

I certify I have received, read, understood, and agree to comply with state law and rule regulating this licensing category. I also certify the information herein submitted is true to the best of my knowledge and belief.

Signature of Owner/Authorized Representative of Pharmacy	Date
Print Name	Print Title
Signature of Pharmacist Consultant	Date
Print Name of Pharmacist Consultant	Print Title of Pharmacist Consultant

Prescription Monitoring Program
P.O. Box 47852
Olympia WA 98507-7852
360-236-4806
prescriptionmonitoring@doh.wa.gov

No Dispensing of Controlled Substances Registration

If your pharmacy does not dispense controlled substances to Washington State residents, you can complete the No Dispensing of Controlled Substances registration online and submit it to the department. If the department approves your request, your pharmacy will not have to file zero reports for compliance purposes. You will need to resubmit the registration each year when you renew your pharmacy license. By submitting an NDCS registration you'll be certifying that:

- My pharmacy does not currently deliver any drugs covered by the program (schedule II, III, IV, or V controlled substances or any other drugs added by the Pharmacy Commission) to ultimate users who have a Washington State address.
- If our business practice changes regarding dispensing drugs covered by the program to ultimate users with a Washington State address, we will notify the Washington State Department of Health and begin data submission as required in **RCW 70.225**.
- My pharmacy will resubmit this form every year with our pharmacy license renewal in order to re- certify that the pharmacy does not deliver any drugs covered by the program to ultimate users who have a Washington State address.

The NDCS registration can be accessed at **www.wapmp.org**. Look under the "WA Pharmacy/Prescriber Data Uploader" link in the menu on the left of the page and then the "No Dispensing of Controlled Substances" link.

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RCW/WAC and Online Web Site Links

RCW/WAC Links

Uniform Disciplinary Act, RCW 18.130

Administrative procedures and requirements, WAC 246-12

Pharmacy Laws, RCW 18.64

Pharmacy Rules, WAC 246-945

Prescription Monitoring Program Laws, RCW 70.225.020

Prescription Monitoring Program Rules, WAC 246-470

Online

Pharmacy Quality Assurance Commission, Web Page