***** Submit This Cover Page With Application *****

*****FOR OFFICE USE ONLY*****	
Receipt #:	
ID#:	
Issue Date:	
License #	**PHB** **CPHB**

Rhode Island
Board of Pharmacy
Room 205
3 Capitol Hill
Providence, RI 02908-5097

Instructions and Application For

Pharmacy - Institutional License and Controlled Substances Registration

- ☐ New Application
- ☐ Controlled Substances Registration
- ☐ Change of Location (License # _____)
- ☐ Change in Ownership (License # _____)

Applicant - Print Pharmacy/Facility Name

Phone: (401) 222-2837 **TTY/TDD: (800) 745-5555** **Fax: (401) 222-2158**

Revised 09/15/2008 jcp

GENERAL INFORMATION

Enclosures

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

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Application Materials

Application..... 6-10
Application Checklist..... 11
Termination as Pharmacist-in-Charge Report & Information (Save for Future Use).....12-13
Mandatory Addendum to License Application (Verification of SSN/FEIN Form)..... 14

Licensure Requirements

- Application Fee of **$170.00** (add $70.00 for Controlled Substances Registration for a total of **$240.00**) Check or money order only (**NOTE:** All application fees are **non-refundable**)
- Federal Drug Enforcement Administration (DEA) Registration (if applicable)
- Pharmacist-in-Charge
- Completed "Mandatory Addendum to License Application" - Verification of SSN/FEIN (page 14).
- Blueprint or Floor Plan Drawings (for new pharmacy or change of location only)
- Inspection (for new pharmacy or change of location only)

Pharmacist-in-Charge

The pharmacist-in-charge is a pharmacist licensed in this state that is designated by the owner as the person responsible for the operation of a pharmacy, and who is personally in full and actual charge of such pharmacy and personnel. The pharmacist-in-charge is responsible for meeting the requirements set forth by federal and state law, the Pharmacy Act, and other applicable regulations of the BOARD.

Physician ownership

The Board of Pharmacy shall refuse to grant any pharmacy license to any person who is a practitioner authorized to prescribe medications or to any partnership, corporation or other entity in which practitioners authorized to prescribe medications maintain a financial interest which, in the aggregate, exceeds ten percent (10%) of the total ownership of said entity or of the subject pharmacy or drug store. "Financial interest" means financial benefit gained by any practitioner with authority to prescribe drugs and includes such benefit derived by a spouse or dependent child. **Information regarding practitioner ownership and financial interest must be provided along with this application.**

On and after July 1, 1994, good and sufficient cause shall exist for the refusal to renew and/or for the revocation of any pharmacy license, if, after hearing, the Board of Pharmacy determines that:

i. Practitioners, spouse (if not estranged) or any dependent child or business associate of the person with authority to prescribe medications maintain a financial interest, which, in the aggregate, exceeds ten percent (10%) of the total ownership of the subject pharmacy, drug store or licensee; or

ii. More than forty percent (40%) of the prescriptions filled by the subject pharmacy or drug store within any three (3) month period beginning on or after July 1, 1994 were issued by practitioners with any ownership interest in a drug store or licensee.

a. The pharmacist-in-charge of said pharmacy shall furnish and deliver to the Board, upon request, all dispensing reports, and any other required documents necessary to determine the percentage of prescriptions filled.

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 institutional pharmacy, and to apply for a new license due to a change in ownership or location. Copies of the current continuing education credits for the pharmacist-in-charge must accompany this application. 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 and shall not be transferred. The license shall be posted in a conspicuous place on the licensed premises. When there is a change in ownership, operation and/or location, the license immediately becomes void and shall be delivered 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.

"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.

Renovating or remodeling an existing pharmacy is not considered a change of location. Written notification to the BOARD is required prior to the renovations or remodeling, stipulating the expected date of completion, and accompanied by the blueprints of the proposed changes.
All items listed on the "checklist" (page 11) 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.

A new pharmacy, or a relocation of an existing pharmacy, must be inspected prior to the issuance of a license. It is the applicant's responsibility to contact the BOARD to schedule an inspection. 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. **At no time can a pharmacy operate without a designated pharmacist-in-charge on file with the BOARD.**

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:

http://www.health.ri.gov/hsr/professions/pharmacy.php

Information on the status of the renewals can be obtained at HEALTH'S web site:

http://www.health.ri.gov/hsr/professions/license.php

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.

Rules and Regulations

The rules and regulations pertaining to pharmacies and pharmacists can be obtained by visiting the Rhode Island Department of Health/Board of Pharmacy web site at:

http://www.health.ri.gov/hsr/professions/pharmacy.php

***Detach Page - Do Not Submit With Application ***

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 (6-10). 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 **$170.00** (or **$240.00** 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.

A Controlled Substances Registration (CSR) is mandatory for all new pharmacies that will dispense controlled substances. The fees are NONREFUNDABLE. A Drug Enforcement Administration (DEA) Registration is also required. **Contact the DEA at 617-557-2200 for the application**

http://www.deadiversion.usdoj.gov./drugreg/reg_apps/index.html

The RI CSR is contingent upon a DEA Registration being issued.

Complete all application materials as instructed and arrange them in order as they appear in the application checklist (see page 11). 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 205
3 Capitol Hill
Providence, RI 02908-5097

State of Rhode Island
Board of Pharmacy

Application for Pharmacy - Institutional

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.

NOTE:

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

Name of Owner

D.B.A. (Doing Business As)

First Line Address

Second Line Address

Third Line Address

City

State/Province

Zip Code

Country, If NOT U.S.

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)

U.S. Social Security Number (SSN)

Federal Employer Identification Number (FEIN)

Please Refer to the "Mandatory Addendum to License Application" on the last page of this application

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. NCPDP#:

NCPDP Number (no dashes)

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

Applicant: Print your complete business name >

7. Pharmacy Personnel

List names and license numbers of all personnel employed in the pharmacy, and indicate whether their employment is full time or part time.

Attach a separate page if necessary.

A licensed pharmacist must be present at all times the pharmacy is open.

NOTE:

It is the responsibility of the Pharmacist-in-Charge to ensure that only those individuals with active licenses are permitted access into the pharmacy. Verifications of Licensure can be printed from the following web site:

www.health.ri.gov/hsr/professions/license.php

Pharmacists

Name	License Number	F/T	P/T
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Pharmacy Interns

Name	License Number	F/T	P/T
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

Pharmacy Technicians

Name	License Number	F/T	P/T
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

8. Rhode Island Controlled Substances Registration (CSR)*

Complete this area to apply for a registration to dispense and possess controlled substances in the State of Rhode Island (*additional fee required*).

NOTE: The CSR is renewed at the same time as the pharmacy license.

Do you wish to apply for a Rhode Island Controlled Substances Registration?

☐ Yes ☐ No **If "Yes", the additional fee must be included in the attached payment**

Drug Schedules - Check all applicable

☐ Schedule I **Attach Protocol** ☐ Schedule II ☐ Schedule III ☐ Schedule IV ☐ Schedule V

Drug Enforcement Administration (DEA Registration)

☐☐☐☐☐☐☐☐☐ ☐ Pending**

DEA Number

*A CSR is not required if there are no controlled substances stored or dispensed on the premises.

****A copy of the DEA Registration must be provided to the BOARD within 60 Days of issuance**.

Carefully read this section.

IMPORTANT INFORMATION

Licensed pharmacies cannot dispense or possess controlled substances in the State of Rhode Island without a valid professional license, Rhode Island Controlled Substances Registration (CSR), and a federal Drug Enforcement Administration (DEA) Registration. "Controlled Substances" for purposes of this application, means a prescription drug in Schedules II through V, pursuant to the Rhode Island Uniform Controlled Substances Act, and 21 CFR 1300 of the Federal Code of Regulations. Schedule I drugs are used by researchers, and require the submission of a protocol.

Without a Rhode Island CSR, and federal DEA Registration, pharmacies may dispense or possess non-controlled prescription medications under its pharmacy license. No CSR will be granted to a pharmacy applicant whose application is "pending" in this state.

All applicants must make application to the U.S. Drug Enforcement Administration for a federal registration. Federal regulations require that applicants comply with individual state requirements before they are issued a DEA Registration.

Registration Unit
US Drug Enforcement Administration
JFK Federal Building
15 New Sudbury Street
Boston MA 02203-0131
(617) 557-2200

Issuance of a Rhode Island Controlled Substances Registration is contingent upon registration from the U.S. Drug Enforcement Administration. If denied a "DEA Registration", the Rhode Island Controlled Substances Registration becomes "VOID".

*****A copy of the DEA Registration must be provided to the BOARD within 60 days of its issuance.***

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 pharmacy in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under the Federal and State Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

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 Seal

_____ Notary No/Commission No.

_____ Commission Expiration Date (MM/DD/YY)

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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 6-10).
- ☐ 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 9, **"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 **$170.00** (**$240.00 with CSR**) 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 6-10).
  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. Copies of the Pharmacist-in-Charge's continuing education documents for the current renewal period.
  5. Set of blueprints or plans of the proposed pharmacy (new pharmacy or change of location ONLY).
  6. A complete list of all direct or indirect owners with percentages of ownership indicated.
  7. Completed "Mandatory Addendum to License Application" Form (Page 14).

- ☐ 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.

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RHODE ISLAND DEPARTMENT OF HEALTH
Division of Health Services Regulation
Board of Pharmacy
3 Capitol Hill
Providence, RI 02908-5097
Phone: (401) 222-2837

Termination as Pharmacist-In-Charge Report

TO: Rhode Island Board of Pharmacy

FROM:

Pharmacy Name _____ License Number _____

Pharmacy Address _____

Pharmacy City, State, Zip Code _____

SUBJECT: **TERMINATION AS PHARMACIST-IN-CHARGE**

The folllowing pharmacist is no longer the Pharmacist-in-Charge at the location listed below.

Name _____ License Number _____

Address _____

City, State, Zip Code _____ Effective Date _____

The new Pharmacist-in-Charge is:

Name _____ License Number _____

Address _____

City, State, Zip Code _____ Effective Date _____

The closing inventory of **Schedule II's**, and a separate inventory of **Schedules III-V** has been/will be completed and a copy will be mailed to the BOARD.

Printed Name _____ Title _____

Signature _____ Date _____

***Detach Page - Save for Future Reference ***

State of Rhode Island
DEPARTMENT OF HEALTH
Board of Pharmacy

RESPONSIBILITIES OF PHARMACIST-IN-CHARGE

To be the pharmacist-in-charge of a pharmacy is a responsibility which the Board of Pharmacy deems very important. The pharmacist-in-charge is responsible for ensuring compliance with all federal and state laws, and rules and regulations pertaining thereto. The BOARD would like to take this opportunity to advise the pharmacist-in-charge of some of the responsibilities. Please note ... this list is not all inclusive.

The pharmacist-in-charge shall be responsible for no less than the following.

- Provide to the Board of Pharmacy, a beginning inventory of all controlled substances, Schedules II-V, upon commencement of duties, and an ending inventory of same upon termination of duties as pharmacist-in-charge.

- Maintain adequate controls against the diversion of controlled substances, and shall promptly execute DEA Form 106 (or its successor form) to the Drug Enforcement Administration and the BOARD in the event of a theft or loss of a controlled substance.

- Report prescription forgeries, or attempted forgeries, as deemed necessary in the professional judgement of the pharmacist-in-charge to appropriate law enforcement agencies.

- Ensure that the pharmacy dispensing area and equipment is in clean and orderly condition, that all licenses and registrations are current. that the “top-ten” list and prices are conspicuously posted, and that the expiration dates of the pharmaceutical stock are periodically checked to ensure that no expired medications are dispensed.

- Ensure that an adequate number of qualified, competent and trained pharmacists are employed.

- Remove all controlled and non-controlled drugs from any pharmacy or institution upon sale or closure of the facility.

- Comply with the Rules and Regulations Governing the Disposal of Legend Drugs (R21-31-LEG) promulgated by HEALTH, to utilize an alternative drug destruction mechanism for expired, excess/ undesired controlled substances consistent with federal and state laws.

- Contact the BOARD whenever a concern arises that would affect the pharmacy’s practice.

- Ensure adherence to all policies and procedures for the operation of the pharmacy in accordance with the Act and the rules and regulations.

- Be administratively responsible for the overall operation and conduct of the pharmacy.

*** Submit This Page With Application ***

Rhode Island Department of Health

3 Capitol Hill, Providence RI, 02908-5097

MANDATORY ADDENDUM TO LICENSE APPLICATION

Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (herein after called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number, or Federal Tax Identification Number (for businesses) as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license.

Licensee Declaration

☐ I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.

☐ I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the tax administrator.

☐ I am currently pursuing administrative review of taxes owed to the state.

☐ I am in federal bankruptcy. (Case #_____)

☐ I am in state receivership. (Case #_____)

☐ I have been discharged from bankruptcy. (Case #_____)

_____
Type of Professional/Business License for which you are applying.

_____ _____
Full Name (Please Print or Type) Social Security Number (or FEIN for Business)

_____ _____
Signature Phone Number (including area code if not 401)

_____ _____
Date Name of Business (If Applicable)

This form must be completed, signed and attached to your license application for processing.