

TEXAS PHARMACY LICENSE APPLICATION (Class H)

Pharmacy Name & Physical Location Address (Street, City, State, ZIP) _____ _____ _____ Pharmacy Tel: _____		FOR TSBP USE ONLY			
		License No.	Amount	Receipt No.	Entity No.
2 Physical Location above also the Mailing Address? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, provide a mailing address (Street, City, State, ZIP) _____ _____ _____		3 <input type="checkbox"/> Check here if for a <i>NEW PHARMACY</i> <input type="checkbox"/> Check here if a <i>CHANGE OF OWNERSHIP</i> . If change of ownership, indicate previous name, address and license number of pharmacy: _____ _____ _____			
4 Class of Pharmacy (<i>check one</i>) <input type="checkbox"/> Class H- Limited Prescription Delivery Pharmacy	5 Type of Ownership (<i>check one</i>) <input type="checkbox"/> 1 Corporation <input type="checkbox"/> 4 Partnership <input type="checkbox"/> 2 Government <input type="checkbox"/> 5 Other (specify) <input type="checkbox"/> 3 Individual _____	6 Pharmacy License Fee— \$454			
8 Pharmacist-in-Charge License # _____ _____ (Print or type)		7 Type of Pharmacy--- <input type="checkbox"/> Other – Class H			
10 By my signature, I acknowledge I am the pharmacist-in-charge of this pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. <i>THIS SIGNATURE MUST BE NOTARIZED</i> _____ Signature of Pharmacist-in-Charge Date Subscribed and sworn to before me this _____ day of _____, 20____ _____ Notary Public		9 Anticipated Date of Opening and Hours of Operation: a. _____ b. Description of Services Offered (or attach a copy of your business plan): _____ _____ _____ _____			
		11 Other Pharmacists and Registered Technicians		License # or Registration #	
		_____		_____	
		_____		_____	
		_____		_____	
		_____		_____	

CLASS H PHARMACY LICENSE

13 Complete the following, if applicable.

Limited Prescription Delivery (Class H) Pharmacy

A Class A or Class E Pharmacy may outsource limited prescription delivery to a Class H pharmacy provided the pharmacies have entered into a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each pharmacy in compliance with federal and state laws and regulations.

Class A or Class E TX License # _____ (attach a copy of the written agreement/contract)

14 ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS:

1.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of <u>any</u> professional disciplinary action or are any such actions pending against you by a regulatory authority? (Examples: surrender, revocation, reinstatement, suspension, fine, probation, restriction). Include such information for <u>all</u> states, including Texas, and for all regulated professions. <input type="checkbox"/> YES* <input type="checkbox"/> NO *If you answered "yes" to Question #1, include the name of the Board, licensing or disciplinary authority and the date of the Order, and, if applicable, the date of the termination of the condition and/or probation. Response must include the name of the person who was the subject of the disciplinary action.																
2.	For any criminal offense, including those pending appeal, has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership): <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;">A. been arrested?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">B. been charged with a crime but not arrested?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">C. pled nolo contendere?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">D. pled guilty?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">E. received deferred adjudication for a misdemeanor?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">F. received deferred adjudication for a felony?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">G. been convicted of a misdemeanor?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> <tr> <td style="padding-left: 20px;">H. been convicted of a felony?</td> <td style="text-align: right;"><input type="checkbox"/> YES* <input type="checkbox"/> NO</td> </tr> </table> In answering Questions #2A-H, include all offenses even those for which you were subject to deferred adjudication. (Examples: assault, theft, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.) Response must include the name of the person who was the subject of the disciplinary action.	A. been arrested?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	B. been charged with a crime but not arrested?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	C. pled nolo contendere?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	D. pled guilty?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	E. received deferred adjudication for a misdemeanor?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	F. received deferred adjudication for a felony?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	G. been convicted of a misdemeanor?	<input type="checkbox"/> YES* <input type="checkbox"/> NO	H. been convicted of a felony?	<input type="checkbox"/> YES* <input type="checkbox"/> NO
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3.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been subject to a court ordered probation or confinement as related to any offense? <input type="checkbox"/> YES* <input type="checkbox"/> NO																
4.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) served time in prison for any offense? <input type="checkbox"/> YES* <input type="checkbox"/> NO																
5.	Has the pharmacy, the pharmacy's owner or any officer or partner (if the pharmacy is owned by a corporation or partnership) been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense? (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs.) <input type="checkbox"/> YES* <input type="checkbox"/> NO *If you answered "yes" to Questions #3-5, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended. Response must include the name of the person who was the subject of the disciplinary action.																
6.	Is the pharmacy's owner or any other officer or partner a registered sex offender in Texas or in any other State? <input type="checkbox"/> YES* <input type="checkbox"/> NO If you answered "yes", include the name of the person who is registered.																
7.	Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law? <input type="checkbox"/> YES <input type="checkbox"/> NO																
8.	Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (check all that apply): <input type="checkbox"/> YES <input type="checkbox"/> NO <table style="width: 100%; border: none;"> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> 1 Spanish</td> <td style="padding-left: 20px;"><input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD)</td> <td style="padding-left: 20px;"><input type="checkbox"/> 5 AT&T Translating Service</td> </tr> <tr> <td style="padding-left: 20px;"><input type="checkbox"/> 2 Vietnamese</td> <td style="padding-left: 20px;"><input type="checkbox"/> 4 American Sign Language</td> <td style="padding-left: 20px;"><input type="checkbox"/> 6 Other _____</td> </tr> </table>	<input type="checkbox"/> 1 Spanish	<input type="checkbox"/> 3 Telecommunication Device for the Deaf (TDD)	<input type="checkbox"/> 5 AT&T Translating Service	<input type="checkbox"/> 2 Vietnamese	<input type="checkbox"/> 4 American Sign Language	<input type="checkbox"/> 6 Other _____										
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9.	Does this pharmacy participate in the Texas Medicaid program? <input type="checkbox"/> YES <input type="checkbox"/> NO																
10.	Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)? <input type="checkbox"/> YES <input type="checkbox"/> NO																
11.	Does this pharmacy dispense a prescription drug or device under a prescription drug order in response to a request received by the way of the internet to dispense the drug or device? <input type="checkbox"/> YES <input type="checkbox"/> NO																
12.	If the response to the previous question was "yes", does your pharmacy deliver the drug or device to a patient in this state by US mail, common carrier, or delivery services? <input type="checkbox"/> YES <input type="checkbox"/> NO																

15 ATTEST: I hereby attest that the foregoing statements, on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED:

_____	_____	Subscribed and sworn to before me	_____
Signature of Owner / Managing Officer	Date	this	day
		of _____	, 20_____
_____		_____	
Owner / Managing Officer's Name (Type or Print)		Notary Public	