



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-600 Austin, Texas 78701

512-305-8000 ★ www.pharmacy.texas.gov

## Non-Resident Pharmacy Compounding Sterile Preparations (Class E-S)

<b>1</b>	Pharmacy Name & Location Address (Street, City, ZIP)	<b>FOR TSBP USE ONLY</b>			
	Name of Pharmacy Owner:	License No.	Amount	Receipt No.	Applicant No.
	DBA Name:				
	Address:	<b>5</b> <input type="checkbox"/> Check here if for a <b>NEW PHARMACY</b> <input type="checkbox"/> Check here if a <b>CHANGE OF OWNERSHIP</b> .  If change of ownership, indicate previous name, address and license number of pharmacy: _____ _____ _____			
	City/State/Zip				
<b>2</b>	Pharmacy Toll-Free Telephone Number:				
	(    )				
	Pharmacy Fax Number :				
	(    )				
	Web Address:				
	Email Address:				
<b>3</b>	Type of Ownership (check one)	<b>6</b> Application Fee Payable to Texas State Board of Pharmacy			
	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other (specify) _____	Pharmacy License Fee		\$454	
<b>4</b>	Type of Pharmacy (check one)	<b>7</b> Description of Services – Check All That Apply Must Indicate at Least 1 Type of Service			
	<input type="checkbox"/> Community (Independent) <input type="checkbox"/> Community (Multiple/Chain ≥5) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Compounding Sterile, LOW Risk <input type="checkbox"/> Nuclear <input type="checkbox"/> Compounding Sterile, MED Risk <input type="checkbox"/> Veterinary Prescriptions <input type="checkbox"/> Compounding Sterile, HIGH Risk <input type="checkbox"/> <b>Compounding, Non-Sterile*</b> <input type="checkbox"/> Compounding, Office Use			
<b>8</b>	Name of Pharmacist-in-Charge (PIC): _____	<b>11</b> Pharmacy License Numbers in Resident State			
	PIC Resident State License #:	Pharmacy License #		Sterile Compounding License #	
	PIC Texas License #:				
<b>9</b>	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. <b>THIS SIGNATURE MUST BE NOTARIZED</b>	<b>12</b> Staff Pharmacist(s)      License #			
	Signature of Pharmacist-in-Charge _____ Date _____	_____			
		_____			
		_____			
		_____			
		_____			
<b>10</b>	Subscribed and sworn to before me this _____ day of _____, 20____	<b>13</b> Registered Technician(s)      Registration #			
	Notary Public _____	_____			
		_____			
		_____			
		_____			

\*Do not check this service if the pharmacy is only reconstituting a manufacturer's NON-STERILE product (e.g., reconstituting an antibiotic suspension).

<b>14</b>	<b>PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:</b>		
	1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of <u>any</u> professional disciplinary action or are any such actions pending against this entity 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. <b>*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.</b>	<input type="checkbox"/> YES*	<input type="checkbox"/> NO
	2. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been subject to court ordered probation as related to any offense?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	3. 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
	4. 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"/> 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 _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	5. Does this pharmacy participate in the Texas Medicaid program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	6. Does this pharmacy participate in the Texas State Kids Insurance Program (SKIP)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>15</b>	<p>ATTEST: I hereby attest that the 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.</p> <p>This pharmacy (check all that apply):</p> <input type="checkbox"/> engages in compounding sterile preparations; <input type="checkbox"/> delivers or ships sterile compounded preparations to Texas residents; <input type="checkbox"/> delivers or ships sterile compounded preparations to Texas practitioners. <input type="checkbox"/> fulfils a purchase order or initiative from a Texas practitioner for sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients. <p>This pharmacy will not:</p> <input type="checkbox"/> obtain sterile compounded preparations from a separate pharmacy, whether there is an affiliation or not, and use the sterile compounded preparations to fulfill a prescription drug order for a Texas resident, or to fulfil a purchase order or initiative from a Texas practitioner for sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients. <input type="checkbox"/> obtain non-sterile compounded preparations from a separate pharmacy, whether there is an affiliation or not, and use the non-sterile compounded preparations to fulfill a prescription drug order for a Texas resident, or to fulfil a purchase order or initiative from a Texas practitioner for non-sterile compounded preparations to be used as office drug supplies by the practitioner for administration to the practitioner's patients. <p><b>THIS SIGNATURE MUST BE NOTARIZED:</b></p> <p>_____ Signature of Owner / Managing Officer</p> <p>_____ Date</p> <p style="text-align: right;">Subscribed and sworn to before me this _____ day of _____, 20____</p> <p>_____ Owner / Managing Officer's Name (Type or Print)</p> <p style="text-align: right;">_____ Notary Public</p>		