



# TEXAS STATE BOARD OF PHARMACY

333 Guadalupe Street, Suite 3-500 Austin, Texas 78701

512-305-8000 ★ [www.pharmacy.texas.gov](http://www.pharmacy.texas.gov)

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

Type or clearly print (all blanks must be complete – if not applicable, enter N/A)

<b>1</b>	<b>Pharmacy Information</b>	<b>FOR TSBP USE ONLY</b>			
Legal Name (Corp, LLC, etc): _____  Pharmacy Name: _____  Street Address: _____ Ste: _____ City/State/ Zip: _____		File #	Entity #	Application #	TransCode #
		Amount Recv'd	License #	AFL Date	
<b>2 Pharmacy Telephone Number</b>		<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 information below: Current Pharmacy License Number: _____ Legal Name (Corp, LLC, etc): _____ Pharmacy Name: _____ Street Address: _____ Ste: _____ City/State/ Zip: _____			
( ) _____ <b>Pharmacy Fax Number :</b> ( ) _____ <b>Web Address:</b> _____ <b>Email Address:</b> _____					
<b>3</b>	<b>Type of Ownership (check one)</b>	<b>6 Application Fee Payable to Texas State Board of Pharmacy</b>			
<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) _____		<b>Pharmacy License Fee</b> <span style="float: right;"><b>\$507</b></span>			
<b>4</b>	<b>Type of Pharmacy (check one)</b>	<b>7 Description of Services – Check All That Apply Must Indicate at Least 1 Type of Service</b>			
<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>	<b>Name of Pharmacist-in-Charge (PIC):</b>	<b>11 Pharmacy License Numbers in Resident State</b>			
PIC Resident State License #: _____      PIC Texas License #: _____		Pharmacy License #		Sterile Compounding 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>  _____ Signature of Pharmacist-in-Charge      Date	<b>12 Staff Pharmacist(s)      License #</b>			
<b>10</b> Subscribed and sworn to before me this _____ day of _____, 20____  _____ Notary Public		<b>13 Registered Technician(s)      Registration #</b>  _____ _____ _____ _____			

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

**14 PRIMARY OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:**

1. Has the pharmacy, or the corporation, partnership, or other entity that owns the pharmacy, been the subject of any 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 all states, including Texas, and for all regulated professions.  YES\*  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.**
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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?  YES  NO
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3. Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law?  YES  NO
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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):  YES  NO
- 1 Spanish  3 Telecommunication Device for the Deaf (TDD)  5 AT&T Translating Service
- 2 Vietnamese  4 American Sign Language  6 Other \_\_\_\_\_
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5. Does this pharmacy participate in the Texas Medicaid program?  YES  NO

**15** 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.

- This pharmacy (check all that apply):
- engages in compounding sterile preparations;
  - delivers or ships sterile compounded preparations to Texas residents;
  - delivers or ships sterile compounded preparations to Texas practitioners.
  - fulfills 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.
- This pharmacy will not:
- 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 fulfill 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.
  - 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 fulfill 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.

**THIS SIGNATURE MUST BE NOTARIZED:**

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