



TEXAS STATE BOARD OF PHARMACY

1801 Congress Ave, Suite 13.100 ★ Austin, Texas 78701

512-305-8000 ★ www.pharmacy.texas.gov

NOTIFICATION OF PHYSICIAN DELEGATION TO PHARMACIST TO SIGN PRESCRIPTION DRUG ORDERS WHILE ENGAGED IN DRUG THERAPY MANAGEMENT (DTM)

PHARMACIST INFORMATION			
LAST NAME	FIRST NAME	MIDDLE NAME	LICENSE NUMBER
Pharmacist Contact information			
BUSINESS PHONE NUMBER: ()		EMAIL ADDRESS:	
PHARMACIST PRACTICE LOCATION (MUST BE A FEDERALLY QUALIFIED HEALTH CENTER, HOSPITAL, HOSPITAL-BASED CLINIC OR ACADEMIC HEALTHCARE INSTITUTION INFORMATION)			
NAME OF HEALTHCARE FACILITY		ADDRESS OF HEALTHCARE FACILITY PRACTICE LOCATION (street, city, state, zip)	
PHONE NUMBER	HOSPITAL FACILITY LICENSE NUMBER (if applicable):		PHARMACY LICENSE NUMBER (if applicable):
()			
DELEGATING/SUPERVISING PHYSICIAN(S) INFORMATION (ATTACH ADDITIONAL PAGES AS NECESSARY)			
LAST NAME	FIRST NAME	BUSINESS ADDRESS (IF DIFFERENT THAN HEALTHCARE FACILITY ADDRESS ABOVE)	TEXAS MEDICAL BOARD LICENSE NUMBER
INFORMATION ON PROTOCOL, STANDING MEDICAL ORDER, OR STANDING DELEGATION ORDER			
LIST EACH DRUG THERAPY MANAGEMENT PROGRAM/DISEASE STATE FOR WHICH PRESCRIPTION DRUG ORDERS FOR DANGEROUS DRUGS MAY BE SIGNED BY AUTHORIZED PHARMACIST UNDER PHYSICIAN DELEGATION (ATTACH ADDITIONAL PAGES AS NECESSARY)			

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge, and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act and may subject me to disciplinary action by the board.

Signature of Pharmacist
(Rev 4/21)

Date

Additional Information

1. Submit completed form and a copy of the written protocol(s) to DTM@pharmacy.texas.gov. Allow 15 business days processing time from date of submission.
2. Updates to protocols must be submitted to DTM@pharmacy.texas.gov within 10 days of a change to any of the essential elements of the written protocol. A new DTM application must accompany each updated written protocol that is submitted.
3. **IMPORTANT NOTE:** All information provided on the DTM application is considered public information and subject to open records. Accordingly, applicants need to ensure that any contact information (e.g., phone numbers, practice address, etc.) is for business locations only. The completed application will be posted on the Texas State Board of Pharmacy website to meet the requirements of Board rule §295.13(c)(4).