
NEW PHARMACY LICENSE APPLICATION PROCEDURES

To obtain a pharmacy license, a pharmacy license application must be completed by the applicant. If the application form is properly completed and returned with the required fee, the Board will issue the pharmacy license and notify the applicant within seven working days. To obtain applications or ask questions concerning these procedures, contact the Pharmacy Licensing Section of the Board at (512) 305-8000. The completed application must be sent to the Board office with the items listed below. Upon approval of the pharmacy license the Board will send a pharmacy license notification letter which contains the pharmacy license number.

Required Documents:

Fees

\$ 363 = (Fee includes a surcharge to fund the impaired pharmacists program)
+ \$ _____ = of Pharmacy Prescription Balances (x) \$25.00
\$ _____ = **Total Licensing Fee**

Lease Agreement

All new pharmacy applications must submit a statement certifying the ownership status of the real property. This statement must be signed by the lessee and the lessor.

In a lease property situation, **one of** the following two documents will suffice:

- (1) A copy of the lease agreement between the owner of the pharmacy license and the owner of the building in which the pharmacy is located.
- (2) A *notarized statement* signed by the lessee and the lessor, certifying the existence of a lease agreement. The sample form accompanying the pharmacy application may be used for this purpose.

In cases where the real property is owned by the pharmacy license holder, a notarized statement to that effect signed by the owner, must be submitted.

Completed Pharmacy Application Form

- (1) Complete pharmacy name and *location address*.
- (2) Pharmacy Telephone number and Fax number (area code/number)
- (3) If change of ownership, enter the previous pharmacy name and license number. Refer to the Application Instructions for a Change of Ownership of a Pharmacy.
- (4) Circle the appropriate class of pharmacy.
- (5) Circle the type of ownership.
- (6) Enter the number of pharmacy prescription balances, calculate and enter the total licensing fee that is due.
- (7) Circle the services provided by the pharmacy.
- (8) Circle the type of pharmacy.
- (9) Complete the *name and address* of the individual owner, partnership, government entity, or corporation.
- (10) Complete the Corporate Charter if owned by a corporation. This corporation must be authorized to transact business in Texas.
- (11-12) The owner must place his or her initials by the appropriate answer concerning prior convictions.
- (13) The *owner or executive officer* of the corporation must read and sign the attest statement. This statement must be notarized. This attest statement cannot be signed by the pharmacist-in-charge unless the pharmacist-in-charge is also the owner or an executive officer of the corporation that is applying for ownership of the pharmacy.
- (14) Enter the pharmacist-in-charge name and license number.
- (15) The pharmacist-in-charge must read and sign this acknowledgment statement. This signature must be notarized.
- (16) Enter all staff pharmacists and license numbers that will work at this pharmacy.

REVERSE SIDE OF PHARMACY APPLICATION MUST ALSO BE COMPLETED!!

- (17) The following ownership information is **required**. The pharmacy owner's or owners':
- (1) full name;
 - (2) **home** address and **home** phone number;
 - (3) status (e.g., sole owner, partner, president of corporation);
 - (4) social security number;
 - (5) date of birth; and
 - (6) Texas pharmacist license number, if applicable.

When providing this ownership information, the following guidelines should be observed.

- If the pharmacy is owned by an **individual**, provide the information required for that individual.
- If the pharmacy is owned by a **government** entity, information should be provided on the *chief administrator* in charge of pharmacy operations.
- If the pharmacy is owned by a **partnership or corporation**, list the managing officers of the partnership or corporation. Managing officers are defined as the *top four executive officers*, including the corporate officer in charge of pharmacy operations, who are designated by the partnership or corporation to be jointly responsible for the legal operation of the pharmacy.

(18) **Additional Requirements for Class B, C, D, and E Pharmacies**

Class B Pharmacies

Include Texas Department of Health Radiation Control Number. Include detailed floor plans and qualifications of the nuclear pharmacist(s).

Class C Pharmacies

Include applicable Texas License Number where required. If owned/operated by a Hospital Management Firm, include a copy of the contract between the hospital and the management firm (or a notarized statement to that effect, signed by the hospital and management firm). If a contract is terminated between the hospital and the management firm, the existing management firm must submit written notification to the Board stating the termination date. Until the Board receives this notification and the applicant meets the above requirements, a pharmacy license will not be issued.

Class D Pharmacies¹

A copy of the clinic's policy and procedure manual and drug formulary must be submitted. The original manual must be maintained in the clinic. This manual must be in compliance with Rule 291.93(g). The name and Texas license of the staff physician must be submitted.

Class E Pharmacies

A Class E (Non-Resident) Pharmacy must be licensed as a pharmacy in the state in which it is located. A space for recording this license number is provided on the back of the license application. With the application, the pharmacy must also include a copy of the report of the most recent pharmacy inspection by the state board of pharmacy in the state in which the pharmacy is located. Also include a letter from that state board verifying that the licensure status of the pharmacy and the pharmacist-in-charge is valid and in good standing.

When the Pharmacy Opens

License Notification Letter

Upon approval of the pharmacy license, the Board will send a pharmacy license notification letter which contains the pharmacy license number. The bottom portion of this letter is a section which must be completed and returned to the Board office **AFTER** the pharmacy opens.* The licensee must indicate the actual date of the opening on this notification section. The pharmacy license will be mailed to the pharmacy address after this "Notification of Opening" has been received in the Board office.

*Note: The pharmacy license will not be sent until the Board receives this notification.

Inventory Requirements

New Class A (Community) or Class C (Institutional) pharmacies must take an inventory of all controlled substances, and all dosage forms containing butorphanol (e.g., Stadol®), nalbuphine (e.g., Nubain®) and carisoprodol (e.g., Soma®) on hand on the opening day of business. If a Class A or C pharmacy commences business with no controlled substances or products containing butorphanol (e.g., Stadol®), nalbuphine (e.g., Nubain®) and carisoprodol (e.g., Soma®) on hand, the pharmacy must record this fact as the initial inventory. For complete inventory requirements, see Board Rule 291.17.

If the Pharmacy Does Not Open

If the licensee decides NOT to open the pharmacy after the pharmacy license has been issued, the owner must:

- (1) Send a letter of explanation to the Board office stating that the pharmacy never opened and request the license be closed.
- (2) Notify all other agencies from which licenses, permits, or registrations have been obtained or contracts signed such as the State Comptroller, Texas Department of Health Vendor Drug Program, DEA and DPS.

Additional Required Registrations / Permits for Pharmacies Located in Texas

Controlled Substances Registrations²

In order for a pharmacy to possess and dispense controlled substances (Schedule II-V), the pharmacy must obtain registrations from the following agencies in the order listed.

Department of Public Safety (DPS) Registration

Applications may be obtained from DPS at the following address:

Department of Public Safety
Controlled Substances Registration Section
PO Box 4087
Austin, Texas 78773-0438
Voice: (512) 424-2188 Fax: (512) 424-5799

You may include a copy of your pharmacy license notification letter with your completed DPS application to expedite your DPS registration. *Note: A pharmacy license number is necessary before DPS registration can be obtained.*

Drug Enforcement Administration (DEA) Registration

Allow at least 45 days for DEA to process your controlled substances registration. Applications may be obtained from DEA at the following addresses:

Drug Enforcement Administration
Registration Unit
PO Box 28083
Central Station
Washington, DC 20038-8083
Voice: (800) 882-9539 (24-hour automated system)
Web Address: www.deadiversion.usdoj.gov

Dallas Divisional Office (For zip codes: 75000-75899*, 76000-76499 and 79000-79700*)

Drug Enforcement Administration
10160 Technology Blvd., East
Dallas, Texas 75220
Voice: (214) 366-6900 FAX: (214) 366-6984
Registration: (214) 640-0849

Houston Divisional Office (For zip codes: 75900-75999*, 77000-78199*, and 78900-78999*)

Drug Enforcement Administration
1433 West Loop South, Suite 600
Houston, Texas 77027
Voice: (713) 693-3634 Fax: (713) 693-3661
Registration: (713) 693-3660 or (800) 743-0595

San Antonio District Office (For zip codes: 75800-75899*, 76500-76999, 78000-78299*, 78600-78999*, and 79700-79900*)

Drug Enforcement Administration
10127 Morocco, Suite 200
San Antonio, Texas 78216
Voice: (210) 442-5634 Fax: (210) 442-5679
Registration: (713) 693-3660 or (800) 743-0595

** Note: Divisional Office responsibility is assigned by county, therefore there may be some overlap in the zip codes listed above. If your zip code is listed for more than one of the Divisional Offices, contact any of the Divisional Offices and ask which office is responsible for your county.*

1 Class D Pharmacies may NOT possess controlled substances and therefore may not apply for DPS and DEA registrations.

2 You must have a pharmacy license first, then a DPS registration in order to complete the DEA application.

DEA Affidavit System

For your convenience, the Texas State Board of Pharmacy has implemented a DEA affidavit system. An affidavit form is included with the pharmacy license application. Use of this procedure may expedite the issuance of the DEA registration. Those pharmacy applicants using this system must:

- (1) First complete the application for your pharmacy license and submit it to the Texas State Board of Pharmacy.
- (2) Complete the application for your Department of Public Safety (DPS) registration and submit it to DPS.
- (3) Complete the "DEA Affidavit for New Pharmacy" form (after you have received your TEXAS State Board of Pharmacy license number and your DPS registration number). DO NOT send the affidavit to the Pharmacy Board.
- (4) Attach the original signed and notarized affidavit to the completed DEA application and send it by U.S. Postal Service to:

Drug Enforcement Administration
Registration Unit
PO Box 28083
Central Station
Washington, DC 20038-8083
Voice: (800) 882-9539 (24-hour automated system)
Web Address: www.deadiversion.usdoj.gov

A DEA registration will be issued on the basis of the signed affidavit. The appropriate DEA divisional office will routinely verify the information contained in the affidavit. Any affidavit found to be incorrect by the DEA will result in immediate revocation of the DEA registration and evaluation for further proceedings against the person furnishing false information.

Other State Permits/Contracts

Sales Tax: Register for a Sales Tax Permit (if you plan to sell taxable items). Obtain application forms and procedures from:

Comptroller of Public Accounts
Sales Tax Division
Capitol Station
PO Box 13528
Austin, TX 78711
463-4600 (Austin only) (800) 252-5555

Medicaid Vendor Drug Contract: If you intend to provide prescription services to eligible Texas medicaid recipients, obtain application forms and procedures from:

Texas Department of Health
Vendor Drug Program – Provider Enrollment
1100 W. 49th Street
Austin, TX 78756-3174
Voice: (512) 338-6965 Fax: (512) 338-6462

PHARMACY LICENSE APPLICATION



TEXAS STATE BOARD OF PHARMACY
 333 Guadalupe Street, Suite 3-600, Box 21
 Austin, Texas 78701-3942
 (512) 305-8021
 www.tsbp.state.tx.us

License No.	Amount	Receipt No.	Applicant No.

ABOVE FOR TSBP USE ONLY

6	Pharmacy License Fee -	\$ 363.00
	# of Pharmacy Balances _____ x \$25.00	+ _____
	TOTAL DUE	\$ _____

1 Pharmacy Name & Location Address (Street, City, Zip) _____

2 Pharmacy Telephone Number (Area Code / Number) _____
 Pharmacy Fax Number (Area Code / Number) _____

3 Check here if for a **NEW PHARMACY**
 Check here if a **Change of Ownership**
 If **Change of Ownership**, give previous License Number _____

<p>4 CLASS OF PHARMACY (circle one)</p> <p>A Community B Nuclear C Institutional (Hospital) D Clinic E Non-Resident (Not Located in Texas)</p>	<p>5 TYPE OF OWNERSHIP (circle one)</p> <p>1 Corporation 2 Government 3 Individual 4 Partnership 5 Other (Specify) _____</p>
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7 SERVICES (circle ALL that apply)

- 1 Nuclear
- 2 Sterile Products (Community)
- 3 Out-Patient Sterile Products (Hospital)
- 4 Out-patient/Discharge Prescriptions
- 5 Mail Service
- 6 Long Term Care
- 7 Class D (Expanded Formulary)
- 8 Class D (Alternative Visit Schedule)

8 TYPE OF PHARMACY (circle one)

- 1 Community (Independent)
- 2 Community (Multiple / Chain - ≥5)
- 3 Hospital (Independent)
licensed beds _____
- 4 Hospital (Multiple / Chain - ≥5)
licensed beds _____
- 5 Ambulatory Surgical Center
- 6 H M O
- 7 Public Health
- 8 Mail Service
- 9 Internet Pharmacy
- 10 Other (Specify) _____

9 Name and Address of Individual Owner, Partnership, Government Entity or Corporation (Note: You must also complete the information on the reverse side.) _____

14 Pharmacist-in-Charge License # _____

10 Corporate Charter # (if applicable) _____

15 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.

11 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 felony or a misdemeanor, other than a minor traffic violation, or been the subject of a disciplinary action by the Texas State Board of Pharmacy, or any other Board of Pharmacy, pharmacy licensing agency and/or disciplinary authority of another state?

THIS SIGNATURE MUST BE NOTARIZED

 Signature of Pharmacist-in-Charge Date _____

Subscribed and sworn to before me this _____ day of _____, 20____
 _____ Notary Public

12 (Place your initials by the appropriate answer): _____ Yes _____ No
 IF YES, STATE DETAILS ON A SEPARATE SHEET AND ATTACH TO THIS APPLICATION.

13 ATTEST: I hereby attest that the foregoing statements, as well as those on the reverse side of 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. In the case of corporate ownership, I further attest that the corporation is current in its payment of the early Corporate Franchise Tax. (If exempt or out-of-state corporation, attach statement to that effect.)

THIS SIGNATURE MUST BE NOTARIZED

 Signature of Owner / Executive Officer Date _____

 Owner / Executive Officer's Name (Type or Print)

Subscribed and sworn to before me this _____ day of _____, 20____
 _____ Notary Public

16 Other Pharmacists License # _____

You Must Complete the Reverse Side

OWNERSHIP INFORMATION MUST BE COMPLETED ON ALL APPLICATIONS

17 You must provide the following information for all owners, partners, or managing officers of a corporation. If the facility is owned by a state, county or local government, provide this information for the person who signs the application. Note: the managing officers are considered to be the top four (4) Executive Officers (if the corporation has less than four officers, you must list all). One of the persons listed must be the Corporate Officer in charge of Pharmacy Operations. For a Class C Pharmacy, the Hospital Administrator must be listed.

Name	Home Address / Phone #	Status*	Soc. Sec. #	Birth Date	TX RPh Lic # (if app.)

* e.g. sole owner, partner, or if managing officer, title.

CLASS B, CLASS C, CLASS D, OR CLASS E PHARMACY LICENSE

18 Complete the following if you are applying for a Class B, Class C, Class D, or Class E Pharmacy license.

Nuclear (Class B) Pharmacy

- (a) Texas Department of Health Radiation Control No. _____
- (b) Attach: (1) Detailed copy of the floor plan for the Class B Pharmacy; and
(2) Qualifications of the authorized nuclear pharmacist who is the pharmacist-in-charge.

Institutional (Class C) Pharmacy

- (a) Enter the Applicable Texas License Number in the space provided:
 TDH Hospital License Number _____ TDH Ambulatory Surgical Center License Number _____
 TDH Inpatient Hospice License Number _____
- (b) Is the facility an inpatient hospital maintained/operated by the State of Texas? _____
- (c) Is the pharmacy owned/operated by a hospital management or hospital pharmacy management firm? _____
 If YES, provide the name of the firm here: _____ and attach a copy of the service agreement.

Clinic (Class D) Pharmacy

- (a) Name and Texas License of the staff physician _____
- (b) Attach a copy of the Pharmacy's Policy and Procedure Manual which must include the clinic drug formulary. (Note: If you are applying for permission to maintain an expanded formulary or to use an alternative visitation schedule, see Board Rule 291.93.

Non-Resident (Class E) Pharmacy

- (a) State in which the pharmacy is located: _____
 Pharmacy License Number in that state: _____
- (b) Attach a copy of the most recent pharmacy inspection conducted by the State Board of Pharmacy in the state in which the pharmacy is located.

NOTARIZED STATEMENT OF LEASE AGREEMENT

The undersigned do hereby certify that the real property, located at:

STREET CITY ZIP

is duly leased to NAME OF PHARMACY OWNER for the purpose of operating a pharmacy

which will operate as NAME OF PHARMACY

Such lease is dated .

SIGNATURE OF LESSOR

SIGNATURE OF LESSEE

For: COMPANY / CORPORATION (if applicable)

For: COMPANY / CORPORATION (if applicable)

STATE OF

COUNTY OF

Before me, a Notary Public, on this day personally appeared , and known to me to be the persons whose names are subscribed to the

foregoing instrument and acknowledged to me that they executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this day of A.D., 20 .

Notary Public, State of

NOTARIZED STATEMENT OF PROPERTY OWNERSHIP

The undersigned do hereby certify that the real property, located at:

STREET

CITY

ZIP

is duly owned by _____ for the purpose of operating a pharmacy which

NAME OF PHARMACY OWNER

will operate as _____ .

NAME OF PHARMACY

SIGNATURE OF PROPERTY OWNER

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that they executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ A.D., 20 _____ .

Notary Public, State of _____

DEA AFFIDAVIT FOR NEW PHARMACY

I _____
the _____
TITLE OF OFFICER, OFFICIAL, PARTNER, OWNER OF OTHER POSITION
of _____ doing business
CORPORATION, PARTNERSHIP OR SOLE PROPRIETOR
as _____
PHARMACY NAME
at _____
NUMBER AND STREET
_____, Texas _____
CITY ZIP CODE

hereby certify that the above pharmacy was issued pharmacy license No. _____ by the Texas State
Board of Pharmacy on _____ and Texas Controlled Substances Registration No. _____
DATE
issued by the Texas Department of Public Safety on _____
DATE

This statement is submitted in order to obtain a DRUG ENFORCEMENT ADMINISTRATION registration number. I understand that if any information is false, the Administration may immediately suspend the registration for this pharmacy and commence proceedings to revoke under 21 U.S.C.824(a) because of the danger to public health and safety. I further understand that any false information contained in this affidavit may subject me personally and the above-named corporation/partnership/business to prosecution under 21 U.S.C.843, the penalties for conviction of which include imprisonment for up to 4 years, a fine of not more than \$30,000, or both.

SIGNATURE (Person who signs application for DEA Registration)

State of _____

County of _____

Subscribed to and sworn before me this _____ day of _____, 20 _____.

My Commission expires _____

NOTARY PUBLIC

Mail DEA application w/affidavit to:
United States Dept. of Justice
Drug Enforcement Administration
PO Box 28083
Central Station
Washington, DC 20005