

TEXAS STATE BOARD OF PHARMACY
Application To Provide Remote or Satellite Pharmacy Services

(If applying for more than one remote pharmacy location, a separate application must accompany each request.)

1 PROVIDER PHARMACY INFORMATION

Name of the Class A or Class C Pharmacy that will be the Provider for this remote location	License Number
Address	Telephone Number
Name of Pharmacist-In-Charge	License Number

2 TYPE OF REMOTE PHARMACY SERVICES

Automated Pharmacy System Emergency Medication Kit Telepharmacy System Satellite Pharmacy

3 REMOTE/SATELLITE FACILITY INFORMATION

Name of the Facility where remote/satellite pharmacy services will be provided	Telephone Number
Address	

Anticipated date of Opening:

Hours of Operation:

4 PERSON RESPONSIBLE AT REMOTE/SATELLITE FACILITY

Provide the following information for the Medical Director, Administrator, Owner, Chief Operating Officer, or Chief Executive Officer of the Remote or Satellite Facility.

Name	Title
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You must provide a main address (confidential) and an address which may be provided to the public. You may enter the same address in both address types. **check this box if your public address is the same as your main address**

Main Address (confidential address of record)	Home Telephone Number ()
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Public Address (alternate address which may be provided to the public)	Public Phone Number ()
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5 ADDITIONAL INFORMATION

Telepharmacy System (Attach copies of the following.)

- (1) Documentation that the healthcare facility in which the automated pharmacy system will be located is either:
 - (a) a rural health clinic regulated under 42 U.S.C. Section 1395x(aa), as amended;
 - (b) a health center defined by 42 U.S.C. Section 254b, as amended; or
 - (c) located in a medically underserved area as defined by state or federal law.
- (2) Documentation that a Class A (Community) or Class C (Institutional) Pharmacy that dispenses prescription drug orders to outpatients is not located within the community where the remote site is located. A community is defined as:
 - (a) the census tract in which the remote site is located, if the remote site is located in a Metropolitan Statistical Area (MSA) as defined by the United States Census Bureau in the most recent U.S. Census; or
 - (b) within 10 miles of the remote site, if the remote site is not located in a MSA.

Automated Pharmacy Systems (Attach copies of the following.)

Documentation that the facility in which the automated pharmacy system will be located is either:

- (a) regulated under Chapter 142, 242, or 252, Health and Safety Code (i.e., copy of facility license); or
- (b) a jail or prison operated by the state of Texas or local government.

Emergency Medication Kit (Attach copies of the following.)

Documentation that the facility in which the emergency medication kit will be located is regulated under Chapter 242 or 252, Health and Safety Code (i.e., copy of facility license).

Satellite Pharmacy (Attach copies of the following.)

Copy of the lease agreement and a description of the policies and procedures for the operation of the satellite pharmacy service (e.g., copy of written policies and procedures)

6 ATTEST STATEMENTS

Regarding Written Contract or Agreement

I hereby attest that the provider pharmacy and the remote facility have a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract or agreement in compliance with federal and state laws and regulations.

Regarding Application

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 misstatements(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.

THESE SIGNATURES MUST BE NOTARIZED!

Signature - Medical Director, Administrator, Owner, Chief Operating Officer, or Chief Executive Officer

Date

Type or Print Name

Before me, a Notary Public, on this day personally appeared _____ known 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 _____ 20 _____

Notary Public, State of _____

Signature - Pharmacist-in-Charge

Date

Type or Print Name

Before me, a Notary Public, on this day personally appeared _____ known 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 _____ 20 _____

Notary Public, State of _____