



PHARMACY LICENSE RENEWAL INSTRUCTIONS

The instructions on both sides of this page will assist you in completing the pharmacy renewal form. **When these instructions are followed correctly, your pharmacy license renewal can be processed quickly by the Board office.** For detailed reference on any licensing procedure, refer to the *Texas Pharmacy Laws and Regulations*. To obtain a new or change of ownership pharmacy application, please call (512) 305-8021.

Note the corresponding numbers on the renewal form:

1 FEE

The total licensing fee includes the renewal fee, a surcharge to fund the impaired pharmacists program and a fee to register the pharmacy's prescription balances (scales). **DO NOT SEND CASH** – Enclose a check or money order payable to the Texas State Board of Pharmacy for the amount indicated. The application and fee must be received by TSBP by the expiration date of your license or your license will expire and a delinquent penalty will be assessed. ***If your license expires on a weekend or holiday, the completed renewal form and fee must be received on the last working day before the license expires.*** Payment may also be submitted online using a major credit card. See the Board's website for additional information: www.tsbp.state.tx.us.

2 PHARMACY NAME, ADDRESS, TELEPHONE NUMBER

Verify the name, address, and telephone number of the facility. If any information has changed, line through it and type or neatly print the correct information. If the location address of the pharmacy has changed, you must also include one of the following documents:

- (A) If the real property is owned by the pharmacy license holder, send a notarized statement to that effect signed by the owner.
- (B) If the property is leased, send either:
 - A *notarized statement* signed by the lessee and the lessor, certifying the existence of a lease agreement; or
 - 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.

3 NAME & ADDRESS OF INDIVIDUAL OWNER, PARTNERSHIP OR CORPORATION

Please check the pre-printed information carefully and make any necessary corrections – line through the old information and type or neatly print the correct information. **If a change of ownership has occurred, a new pharmacy license application is required. Applications and procedures regarding a change of ownership can be obtained by calling the Pharmacy Licensing Section (512/305-8021).** [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.]

4 CORPORATE CHARTER NUMBER

If the pharmacy is owned by a corporation, the corporation must have the authority to do business in Texas. Please check the pre-printed information (if applicable), and correct if necessary.

5 OWNERSHIP INFORMATION

DID THE OWNERSHIP CHANGE? According to the Texas Pharmacy Act, Section 30(d), a pharmacy license is not transferable or assignable. Therefore, if a pharmacy changes ownership, the new owner must obtain a new pharmacy license number. A change of ownership takes place when one of the following occurs:

- (A) A sole proprietor (individual) incorporates or changes to a partnership;
- (B) A partnership incorporates or changes to a sole proprietor;
- (C) A corporation dissolves and changes its status to a partnership or sole proprietor*;
- (D) A sole proprietor (individual), partnership or corporation sells or transfers the ownership to another individual, partnership or corporation.

**Note: A change of ownership does not occur when the corporation sells stock to another person or changes officers but the same corporation continues as the owner of the pharmacy license.*

The following ownership information is **required**. The pharmacy owner's or owners':

- (A) full name;
- (B) home address and home phone number;
- (C) status (e.g., sole owner, partner, president of corporation);
- (D) social security number;
- (E) date of birth; and
- (F) Texas pharmacist license number if applicable.

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

- (A) If the pharmacy is owned by an **individual**, provide the information required for that individual.
- (B) If the pharmacy is owned by a **government** entity, information should be provided on the *chief* administrator in charge of pharmacy operations.

6 PRE-PRINTED INFORMATION

Please check the pre-printed information carefully. The following terms should assist you in reviewing this section.

Pharmacy Class:	A - Community D - Clinic	B - Nuclear E - Non-Resident	C - Institutional
Pharmacy Type:	1 - Community Independent 2 - Community (Multiple/Chain 5 or more) 3 - Hospital (Independent) 4 - Hospital (Multiple/Chain 5 or more) 5 - Ambulatory Surgical Center	6 - HMO 7 - Public Health 8 - Mail Service 9 - Other	
Services Provided:	1 - Nuclear 2 - Sterile Products (Class A) 3 - Outpatient Sterile Products (not Class A) 4 - Outpatient/Discharge	5 - Mail Service 6 - Long Term Care 7 - Class D (Expanded Formulary) 8 - Class D (Alternate Visitation Schedule)	
Ownership Type:	1 - Corporation 2 - government 3 - Individual	4 - Partnership 5 - Other	

Number of Pharmacy Balances (Scales): Indicates the number of prescription balances in your pharmacy. If the number indicated on your renewal is incorrect, please contact the Licensing Division at (512) 305-8021 to obtain the correct fee.

Number of Remote Pharmacy Services: Indicates the number of remote pharmacy services that are provided. If a number is indicated, please check the pre-printed attachment carefully and make any necessary corrections. A notarized signature of the pharmacist-in-charge, attesting to certain information is also required.

7 PHARMACIST-IN-CHARGE

Please check the pre-printed information carefully and make any necessary corrections – line through the old information and type or neatly print the correct name and Texas Pharmacist License Number of the pharmacist-in-charge at this facility.

8 OTHER PHARMACISTS and TECHNICIANS

Please check the pre-printed information carefully and make any necessary corrections – line through the old information and type or neatly print the correct names and Texas Pharmacist License Number of all other pharmacists or Technician Registration Numbers of all registered technicians at this facility.

9 ADDITIONAL INFORMATION

Regarding Question # 1-4, the owner or executive officer must place his or her initials by the appropriate answer concerning prior convictions. Failure to answer this question will delay your renewal. Questions # 5-8 are required under Government Code, §2054.2606, Reporting Profile Information.

10 ATTEST STATEMENT

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 on the Board's records as the owner of the pharmacy.