



## REMOTE EMERGENCY MEDICATION KIT APPLICATION

**Emergency Medication Kits (E-Kit)** - Controlled substances and dangerous drugs maintained by a provider pharmacy to meet the emergency medication needs of a resident:

- (i) at an institution licensed under Chapter 242 or 252, Health and Safety Code; or
- (ii) at an institution licensed under Chapter 242, Health and Safety Code and that is a veterans home as defined by the §164.002, Natural Resources Code, if the provider pharmacy is a United States Department of Veterans Affairs pharmacy or another federally operated pharmacy

**Provider pharmacy**-The community pharmacy (Class A), the institutional pharmacy (Class C), the non-resident (Class E) pharmacy located *not more than 20 miles* from an institution licensed under Chapter 242 or 252, of the Texas Health and Safety Code, or the United States Department of Veterans Affairs pharmacy or another federally operated pharmacy providing remote pharmacy services. **See Rule §291.121(b) Remote pharmacy services using Emergency Medication Kits, for the complete rules and regulations.**

**Note:** If more than one provider pharmacy provides an emergency kit to a remote site, the provider pharmacies must enter into a written agreement as to the emergency medications supplied by each pharmacy. The provider pharmacies shall not duplicate drugs stored in the emergency medication kits. The written agreement shall include reasons why an additional pharmacy is required to meet the emergency medication needs of the residents of the institution.

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

<b>1 Emergency Medication Kit Pharmacy Information (E-Kit)</b>				
Remote Site Name		Anticipated Date for Commencing Operation of E-Kit		
Remote Site Street Address:	Ste.	City	State	Zip
If applicable, Federal Controlled Substances Registration		Remote Site Phone Number		
<b>2 Provider Pharmacy Information</b>				
Provider Pharmacy Name			Provider Phy License No.	
Provider Pharmacy Street Address	Ste.	City	State	Zip
<b>3 Type of Provider Pharmacy (check one)</b>				
<input type="checkbox"/> Class A <input type="checkbox"/> Class C <input type="checkbox"/> Class E				
<b>4 Pharmacist-in-Charge Information</b>				
Pharmacist-in-Charge (PIC)		Telephone Number		TX PIC License Number

**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, of the Texas Health and Safety Code (i.e., copy of facility license).

A completed Emergency Medication Kit application must be submitted every two years in conjunction with the pharmacy renewal of the provider pharmacy’s license.