

**TEXAS STATE BOARD OF PHARMACY**  
**Application To Provide Emergency Remote Pharmacy Services**  
(Submit a separate application for each emergency remote pharmacy.)

**1 HOME PHARMACY INFORMATION**

Provide information regarding the home pharmacy that will provide pharmacy services through an emergency pharmacy.

Name of Texas Pharmacy TX Pharmacy Lic. #

Address City, State Zip Phone Number

Name of Pharmacist-In-Charge Texas R.Ph. Lic. #

**2 EMERGENCY REMOTE PHARMACY INFORMATION**

Provide information regarding the pharmacy that will be the provider of the emergency remote pharmacy.

Name Emergency Remote Pharmacy Phone Number

Address City State Zip

Email Address – Required

**3 PERSON RESPONSIBLE AT REMOTE PHARMACY**

Provide information regarding the Pharmacist-in-Charge of the Emergency Remote Pharmacy.

Name of Pharmacist-in-Charge Texas R.Ph. Lic.#

**4 ATTEST STATEMENTS**

**Regarding Written Contract or Agreement**

I hereby attest that the Home 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 understand that this is a temporary emergency permit which expires not more than six (6) months from date of this 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.

Signature – Pharmacist-in-Charge of Home Pharmacy Date

Signature - Pharmacist-in-Charge of the Emergency Remote Pharmacy Date