TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue Suite 13.100 ✯ Austin, TX 78701
(512) 305-9127 ✯ www.pharmacy.texas.gov

TEXAS PHARMACY LICENSE APPLICATION

Hospital, Ambulatory Surgery Center, or Institutional Pharmacy (Class C) License

PLEASE READ CAREFULLY: Pharmacy applications status – allow 10 business days before contacting TSBP regarding the application status. Completed applications *may* take approximately 90 days, including the pre-inspection, for a license to be issued.

Failure to submit all required documentation will result in a delay of licensure. Questions regarding the application can be directed to the Pharmacy Licensing Specialist either by email to pharmacies@pharmacy.texas.gov or by phone at (512) 305-9127.

NOTICE: According to Texas Occupations Code § 565.0551, the Executive Director of the Texas State Board of Pharmacy may require a license holder to submit a surety bond to the board.

- ☐ **Institutional/Hospital/Ambulatory Surgery Center (ASC)**-Class C Information Form (LIC-Class_C) see form below.
- ☐ **Check or Money Order** for the Application Fee made payable to Texas State Board of Pharmacy. Fee calculation is provided in Box 1 on the Pharmacy Information Form.
- ☐ **Ownership Information Form**– See form below. TSBP requires the direct owner of the pharmacy to be listed. If you choose to *also* provide the parent company, you can submit separate ownership form for each.
  - ☐ Copy of the entity's Certificate of Formation as filed with the Texas Secretary of State. This may also be called the Articles of Incorporation, Articles of Organization, or Application of Registration depending on the type of entity and when it was formed.
  - ☐ Additionally, if the entity is a Foreign Entity (i.e., the entity was formed in another state), provide a copy of the formation documents as filed in the jurisdiction of formation.
  - ☐ Verification of an ACTIVE Franchise Tax Account Status from the Texas Comptroller. Provide documentation from the Texas Comptroller that shows the entity has an ACTIVE Franchise Tax Account Status.
  - ☐ Organizational Chart: Provide an organizational chart that shows multi-levels of ownership and relation to the pharmacy.
- ☐ **Managing Officer -** Managing Officer Forms for each officer (LIC-021) (attach a separate page if listing more than four officers).
  *Per Texas Pharmacy Rule 291.1 "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."
  - ☐ Copy of Officers' State Issue Photo ID. Acceptable Photo IDs are: Current Driver's License, State Issued Identification Card or US Passport.
  - ☐ Verification of Officers' Social Security Number – Submit a copy of the individual's Social Security Card OR a copy of the individual's W2, that shows the full SSN and Name of the individual, with all financial information redacted.
- ☐ **Lease Agreement or Proof of Property Ownership** (ex: property deed), including the pharmacy floor plan.
- ☐ **Letter of Credit Worthiness** - Submit a letter from the pharmacy's primary drug distributor and/or wholesaler that verifies the pharmacy applicant's credit worthiness. The letter must come from an entity that has an active license with Texas Department of State Health Services (DSHS) and be for the specific pharmacy and/or for the pharmacy owner.
- ☐ **HHSC/DSHS License** - In accordance with Texas Pharmacy Act, Section 560.052, the Texas State Board of Pharmacy cannot issue a license to a Class C Pharmacy until or unless it has been verified that the facility has substantially completed the requirements for licensure with the Texas Health and Human Services Commission (HHSC).
- ☐ Pre-Inspection Guide – reference only, do not send with application.

NOTE: TSBP may request additional documentation to confirm or substantiate information submitted on the application.

IMPORTANT: If applying for a Change of Ownership, refer to the Change of Ownership Instructions for the Change of Ownership Checklist and additional items required.

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue Suite 13.100 ✯ Austin, TX 78701
(512) 305-9127 ✯ www.pharmacy.texas.gov

TEXAS PHARMACY LICENSE APPLICATION
Institutional/Hospital/ASC Pharmacy (Class C) License

FOR TSBP USE ONLY			
File #	App #	Entity #	Trans Code#
			1022
Amount Rcv'd	License #	AFL Date	

1	This application MUST be submitted with a check or money order made payable to the Texas State Board of Pharmacy. Use the column to the right to calculate the fee for the application.	Pharmacy Application Fee $ 611.00 Number of Balances/Scales ___ X $25.00 ea $ Total DUE $

NOTICE: According to Texas Occupations Code §565.0551, the Executive Director of the Texas State Board of Pharmacy may require a license holder to submit a surety bond to the board.

Clear Form

Print or Type

2 Pharmacy (Facility) Information

Pharmacy Name: _____
Pharmacy Name – Name listed on the prescription labels/signage

Pharmacy Address: _____ _____
Street Address (Inspectable Location) *Suite/Unit #*

_____ _____ _____
City *State* *ZIP Code*

Pharmacy Phone: _____ Pharmacy Email: _____

Pharmacy Fax Number: _____ Web Address: _____

Pharmacy Hours: Mon-Fri: _____ Sat: _____ Sun: _____

3 Type of Ownership

- ☐ Sole Proprietorship/Individual
- ☐ Partnership
- ☐ Corporation (Includes Non-Profit)
- ☐ Limited Liability Company
- ☐ Government
- ☐ Other (specify): _____

4 Type of Pharmacy

- ☐ Hospital Independent
- ☐ Hospital Multi/Chain (5 or more)
- ☐ Ambulatory Surgery Center
- ☐ Other (Specify): _____

5 Services Provided by Pharmacy (check all that apply)

- ☐ 24 Hour Service
- ☐ 503b Outsourcing Facility
- ☐ Closed Door
- ☐ Compounding Sterile, LOW Risk
- ☐ Compounding Sterile, MED Risk
- ☐ Compounding Sterile, HIGH Risk
- ☐ Compounding, Non-Sterile
- ☐ Compounding, Office Use
- ☐ Home Delivery
- ☐ Infusion
- ☐ Inpatient Orders
- ☐ Nuclear
- ☐ Outpatient Prescriptions
- ☐ Outpatient Surgery
- ☐ Pharmacist Admin. Immunizations
- ☐ Shipping Prescriptions Out-of-State
- ☐ Veterinary Prescriptions
- ☐ Other (Specify): _____

By my signature, I acknowledge that I am employed by the pharmacy listed above and that I am the Pharmacist-in-Charge of this pharmacy. I attest that I have read and understand the laws and rules relating to this class of pharmacy.
THIS SIGNATURE MUST BE NOTARIZED.

Subscribed and sworn to before me this

_____ _____
Print or Type Name of Pharmacist in Charge License #

_____ Day Of _____ ,20 _____

_____ _____ _____
Signature of Pharmacist in Charge Date Notary Public Signature

TEXAS PHARMACY LICENSE APPLICATION
Institutional/Hospital/ASC Pharmacy (Class C) License, continued

7 List of Staff Pharmacists and Pharmacy Technicians (Attach a list if additional room is needed)

Name of Staff RPh or Technician	License/Registration #	Name of Staff RPh or Technician	License/Registration #

8 Institutional/Hospital/ASC Pharmacy (Class C) Requirements

A. Is the facility an inpatient hospital maintained and operated by the State of Texas? (if yes, SKIP 8C) ☐ Yes ☐ No

B. Will the pharmacy be operated by a hospital/pharmacy management company? ☐ Yes ☐ No
If yes, provide the name of the Management Company and attach a copy of the service agreement.
Name of Management Company: _____

C. Is the facility already licensed with the Health and Human Services Commission (HHSC) or Department of State Health Services (DSHS)? ☐ Yes ☐ No
If yes, indicate the license type and provide the license number as issued by HHSC/DSHS.

☐ Hospital License #: _____ Number of Licensed Beds: _____ ☐ Hospice Inpatient #: _____

☐ Ambulatory Surgery Center License #: _____ ☐ Other Specify: _____

If no, has the facility submitted an application with HHSC/DSHS? ☐ Yes ☐ No

9 The Owner or one of the managing officers MUST answer the following questions:

a. Has the pharmacy or the corporation, partnership, or other entity that owns the pharmacy been the subject of ANY professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (e.g., surrender, revocation, reinstatement, suspension, fine, probation, restriction.) Include such information for all states, including Texas, and for all regulated professions. ☐ Yes ☐ No

b. Has the pharmacy or the corporation, partnership, or other entity that owns the pharmacy been subject to court ordered probation as related to any offense? ☐ Yes ☐ No

If you answered "YES" to Question a. and/or Question b., include the name of the Board, licensing or disciplinary authority, and the date of the order, and, if applicable, the date of the termination of the conditions and/or probation:

c. Are the customer service areas of the pharmacy accessible to disabled persons, as defined by federal law? ☐ Yes ☐ No

d. Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (Check all that apply) ☐ Yes ☐ No

☐ Spanish
☐ Vietnamese
☐ Telecommunication Device for the Deaf (TDD)
☐ American Sign Language
☐ AT&T Translating Service
☐ Other (Specify): _____

e. Does this pharmacy participate in the Texas Medicaid Program? ☐ Yes ☐ No

10 Owner/Managing Officer Attestation

Attest: I hereby attest that the foregoing statements on 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 and Rules. I agree to comply with the Texas Pharmacy Act and Rules.

THIS SIGNATURE MUST BE NOTARIZED

Subscribed and sworn to before me this

_____ _____ _____ Day of _____ ,20 _____

Signature of Owner/Managing Officer | Date

_____ _____

Owner/Managing Officer's Name (Type or Print) | Notary Public Signature

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue Suite 13.100 ✯ Austin, TX 78701
(512) 305-9127 ✯ www.pharmacy.texas.gov

TEXAS PHARMACY LICENSE APPLICATION
Ownership Information Form

1 Pharmacy (Facility) Information

a. Pharmacy Name: _____
Pharmacy Name – Name listed on the prescription labels/signage

b. Pharmacy Address: _____ _____
Street Address (Inspectable Location) *Suite/Unit #*

_____ _____ _____
City *State* *Zip Code*

2 Designated Person of Contact for Pharmacy
Person Authorized by Owner/Officer to Discuss Application Material with TSBP Staff

Full Name: _____ Title: _____

Contact Phone: _____ Contact Email: _____

3 Ownership Information
The below information should match all Secretary of State, Comptroller, and IRS Filings

a. Entity's Federal Employer ID Number (FEIN): _____

Type of Ownership

- ☐ Sole Proprietorship/Individual Owner
- ☐ Partnership
- ☐ Limited Liability Company
- ☐ Corporation (Includes Non-Profit)
- ☐ Government
- ☐ Other (specify) _____

c. Direct Owner of the Pharmacy – see instructions page (i.e., Corp, Inc, LLC, LP, PA, LTD, etc.)
Complete a separate ownership form for the parent company of direct owner (if applicable)

_____

d. Corporate Mailing Address for Direct Owner

_____ _____
Street Address *Suite/Unit #*

_____ _____ _____
City *State* *Zip/Code*

ATTEST: I hereby attest that the foregoing statements 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.

THIS SIGNATURE MUST BE NOTARIZED:

Subscribed and sworn to before me this

_____ _____ _____ Day Of _____ ,20 _____
Signature of Owner/Managing Officer Date

_____ _____
Owner/Managing Officer's Name (Type or Print) Notary Public Signature

TEXAS STATE BOARD OF PHARMACY
1801 Congress Avenue Suite 13.100 ✯ Austin, TX 78701
(512) 305-9127 ✯ www.pharmacy.texas.gov

Once your application is determined to be complete, an email will be submitted to the designated person of contact for the pharmacy. TSBP will verify background information for each officer/owner provided. The pre-inspection is determined by the TSBP compliance division.

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION:
• Managing Officer Form(s) (LIC-021) for each Officer • Lease Agreement or Property Deed, including the pharmacy floor plan • Articles of Incorporation/Organization • Organization Chart • Proof of Credit Worthiness from your Primary Wholesaler

Once your facility is ready for inspection, use the Pre-Inspection Guide to assist you with ensuring all items required are in place before the pre-inspection.