TEXAS STATE BOARD OF PHARMACY

1801 Congress Avenue Suite 13.100 ✯ Austin, Texas 78701
512-305-8000 ✯ www.pharmacy.texas.gov

APPLICATION TO ALLOW PHARMACY TECHNICIANS TO PERFORM CERTAIN DUTIES WHEN A PHARMACIST IS NOT ON DUTY IN A RURAL HOSPITAL

PHARMACY INFORMATION			
NAME OF HOSPITAL	PHARMACY PHONE NUMBER		LICENSE NUMBER
	( )		
ADDRESS of HOSPITAL	CITY	STATE	ZIP

PHARMACIST-IN-CHARGE INFORMATION			
FIRST NAME	MIDDLE	LAST	LICENSE NUMBER
CONTACT NUMBER	( )	EMAIL ADDRESS	

ADDITIONAL FACILITIES PIC RESPONSIBLE FOR:		
NAME OF HOSPITAL	# of BEDS	LICENSE NUMBER

NAME AND REGISTRATION NUMBER OF PHARMACY TECHNICIANS (attach additional pages if necessary)	
PHARMACY TECHNICIAN NAME *(ensure employment roster is current with TSBP)*	REGISTRATION NUMBER

PLEASE NOTE: the pharmacy may NOT allow pharmacy technicians to perform the expanded duties until this application is approved by TSBP and an amended license is issued to the pharmacy. Upon approval, a rural hospital pharmacy may allow pharmacy technicians to perform duties as specified in §291.73(e)(2)(D).

1) Attach documentation (copy of **hospital license**) that the pharmacy is a rural hospital with 75 or fewer beds AND
2) The hospital is either:
   a. located in a county with a population of 50,000 or less as defined by the United States Census Bureau in the most recent U.S. Census; OR
   b. designated by the Centers of Medicare and Medicaid Services as a critical access hospital, rural referral center or the sole community hospital.

SUBMIT THIS APPLICATION ALONG WITH 1) AND 2) (a) or (b) TO ruralhospital@pharmacy.texas.gov for processing.

QUESTIONS REGARDING THE APPLICATION SHOULD ALSO BE SENT TO ruralhospital@pharmacy.texas.gov

THIS APPLICATION MUST BE UPDATED BIENNIALLY IN CONJUNCTION WITH THE APPLICATION FOR RENEWAL OF THE PHARMACY'S LICENSE.

I hereby attest that the information on this form, as well as the information on any attachment(s) to this form, is true and correct to the best of my knowledge and the information is given of my own free will. I agree that any misstatement(s) and/or omission(s) will constitute violation of the Texas Pharmacy Act, and may subject me to disciplinary action by the board.

Signature of Pharmacist-in-Charge Date