

This form may be printed and mailed to the address listed below.



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

State of Nebraska
Department of Health and Human Services
Division of Public Health
Licensure Unit
P O Box 94986
Lincoln NE 68509-4986

ACCOUNTING
Business Unit #25550149
Fee: \$125

**APPLICATION FOR A DELEGATED DISPENSING PERMIT
FOR A DIALYSIS DRUG OR DEVICE DISTRIBUTOR**

SECTION A - APPLICANT INFORMATION

1	Name of Dialysis Drug or Device Distributor:				
2	Mailing Address:	Street/PO/Route:			
		City:	State:	Zip:	
3	Telephone Number: (Optional)		4	E-mail/Fax: (Optional)	
5	Name of Owner(s), Partners or Corporation:				
6	Address of Owners:	State/PO/Route:			
		City/State/Zip:			
7	Telephone Number:		Fax/Cell Number:		
8	Anticipated Opening Date:				
9	Days and Hours of Dispensing:				
10	Name of Delegating Pharmacist:				
11	Nebraska Pharmacist License #:		License Expiration Date:		

SECTION B – COPY OF DELEGATED DISPENSING AGREEMENT (required)

Yes, I have submitted a copy of the delegated dispensing agreement.

SECTION C – ATTESTATION (All applicants must complete this section)

I hereby state that I am the person making application, I am of good character, and the statements on this application are true and complete.

If the applicant is a sole proprietorship for the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114, the applicant must attest as follows (place a check mark in the appropriate box below):

- I am a citizen of the United States
- I am a qualified alien under the Federal Immigration and Nationality Act.
My immigration and alien number are as follows: _____ and **I agree to provide a copy of my USCIS.**

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

The application must be signed and dated by (place a check mark in the appropriate box below):

- The owner or owners if the applicant is a sole proprietorship, a partnership, or a limited liability company that has only one member;
- Two of its members if the applicant is a limited liability company that has more than one member;
- Two of its officers if the applicant is a corporation;
- The head of the governmental unit having jurisdiction over the business if the applicant is a governmental unit; or
- If the applicant is not an entity described above, the owner or owners or, if there is no owner, the chief executive officer or comparable official.

(Printed Name & Title of Applicant)

(Signature & Title of Applicant)

(Date)

(Printed Name & Title of Applicant)

(Signature & Title of Applicant)

(Date)