

STATE OF NEBRASKA
DEPARTMENT OF HEALTH & HUMAN SERVICES
Division of Public Health
Licensure Unit
PO Box 94986
Lincoln, NE 68509-4986

APPLICATION TO AMEND A DELEGATED DISPENSING PERMIT FOR A DIALYSIS DRUG OR DEVICE DISTRIBUTOR

Please be sure to send your original Delegated Dispensing Permit with this completed form to the address above. There is not a fee to amend the permit.

Section A--Identifying Information

Name of Clinic

Address (Street/P.O. Box/Route) (City) (State) (Zip)

Phone Number Permit #

Name of Owner

Section B - Reason for Amending Permit

1. Change of Delegating Pharmacist Effective Date of Change:

This change requires the new delegating pharmacist to submit a delegating dispensing agreement.

Previous delegating pharmacist Lic #

Delegating pharmacist Lic #

2. Name Change Effective Date of Change:

Current Name of Clinic:

New Name of Clinic:

Section C--Affidavit

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.

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)