

RENEWAL NOTICE

Your Nebraska Mail Service Pharmacy License will expire 07/01/2025. The fee of 625.00, this document, and a copy of your pharmacy license from the state in which you are located must be submitted BEFORE 07/01/2025 to avoid expiration.

Name of Pharmacy _____
 Name of PIC _____
 Pharmacy Address _____

(YOU WILL NOT RECEIVE A RECEIPT)

LICENSE # _____ FEE PAYABLE ONLY BY CHECK OR MONEY ORDER TO DHHS LICENSURE UNIT

To renew your Mail Service License, submit the following:

YOU MUST ANSWER THE FOLLOWING QUESTIONS:
 If you fail to answer these questions about your pharmacy license or pharmacist in charge license, your renewal **WILL NOT** be processed and will be returned to you as incomplete.

1.	Has your pharmacy license been revoked, suspended, limited, or disciplined in any manner in any state since you last renewed your Mail Service Pharmacy license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Has the pharmacist license of your pharmacist in charge been revoked, suspended, limited, or disciplined in any manner since you last renewed your Mail Service Pharmacy license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.	Has your pharmacist in charge been convicted of a misdemeanor or felony other than a minor traffic violation since you last renewed your Mail Service Pharmacy license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answered "Yes" to any of the above questions, you must submit the following documents:

- If your pharmacy license or pharmacist in charge license has been revoked, suspended, limited, or disciplined in any way, an explanation of the circumstances of the action and a copy of the disciplinary action including charges and disposition
- If a misdemeanor or felony conviction of the pharmacist in charge, an explanation of the circumstances of the conviction and a copy of a court record which includes charges and disposition. If currently on probation, a letter from probation officer addressing probationary conditions and current status
- If the conviction involved a drug- and/or alcohol-related offense, all proof of treatment (if treatment was obtained and/or required)

- 1). Required Fee 2). Renewal Notice 3). Copy of current pharmacy license from the state in which you are located

NOTE: The information listed on your current pharmacy license from the state in which you are located **MUST** match the information on file for your Nebraska Mail Service Pharmacy Permit.

- If pharmacy name or address is incorrect, PRINT CORRECTION next to appropriate line **AND** complete a **Mail Service Amendment** form.
- If your pharmacist-in-charge and/or the Nebraska licensed pharmacist has changed, please indicate the new pharmacist-in-charge and/or the Nebraska licensed pharmacist on renewal form **AND** complete a **Mail Service Amendment** form. Attach a copy of the new pharmacist-in-charge's Pharmacist license from the state in which you are located.

To obtain a Mail Service Pharmacy Amendment form, please visit the NE Mail Service web site:

<https://dhhs.ne.gov/licensure/Pages/Out-of-State-Mail-Service-Pharmacy-Amendments.aspx>

- If it is your intention **NOT TO** pursue licensure, please indicate to you are not going to renew the license and return to the Department.

Nebraska law requires that all Mail Service pharmacies registered with the State of Nebraska employ on a full-time basis at least one pharmacist that holds a current Nebraska license under the Uniform Credentialing Act and shall be responsible for compliance under the Mail Service Pharmacy Licensure Act (June 30, 2004). **If you have not met this requirement, you are unable to ship, mail, or in any manner deliver dispensed prescription drugs into the State of Nebraska.**

Nebraska pharmacist _____ License # _____ is the Nebraska licensed pharmacist you have designated to be responsible for compliance with the Nebraska Mail Service Pharmacy Act.

NOTE: The PIC listed above with your facility information should be the PIC you have designated on your home state license. The Nebraska licensed pharmacist may be, but does NOT have to be, the same person as your PIC.

AFFIDAVIT

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

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)