

APPLICATION FOR LICENSE TO OPERATE A PHARMACY -Dispensing Practitioner-
--

Application Fee: \$625.00 (Make check payable to DHHS Licensure Unit)

The Department will issue a **Provisional Dispensing Practitioner Pharmacy License** after review and approval of your application by a pharmacy inspector up to FIVE WEEKS prior to the anticipated date your dispensing is planned to begin (as listed on this application). Due to the statutory requirements in place regarding the timing of the inspection, it is **IMPERATIVE** that you list an accurate date your dispensing is planned to begin and notify the Department AS SOON AS POSSIBLE if this date changes. A Provisional License is good for up to one year from the date of issuance and is not renewable. The Pharmacy Inspector will conduct an Initial Onsite Inspection within 60 days of issuance of the Provisional License.

A **permanent license** will be issued after successful passage of the Initial Onsite Inspection. You may contact the DEA at www.deadiversion.us.doj.gov or 888-803-1179 to apply for a Federal Controlled Substances Registration.

****NOTE: DISPENSING UNDER THIS LICENSE MAY OCCUR ONLY AT THE LOCATION LISTED ON THIS APPLICATION. IF YOU DISPENSE AT MULTIPLE LOCATIONS, A SEPARATE CREDENTIAL MUST BE ISSUED FOR EACH LOCATION.**

SECTION A – License Information			
Practitioner applying for credential:	Name:	License type & #:	License expiration:
Practitioner applying for credential must check the appropriate box(es):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#"); or <input type="checkbox"/> Form I-94 (Arrival-Departure Record) number:	SS# _____ A# _____ I-94 # _____	NOTE: If you have both a SSN & an A# or I-94 #, you must report both. Neb. Rev. Stat. §38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.
Additional Practitioner(s) dispensing under this credential: <i>Attach additional page if necessary</i> <input type="checkbox"/> NA	Name(s):	License type(s) & #:	License expiration:
Information regarding the physical location where the dispensing will take place:	Street/PO/Route:	City/State/Zip:	
	Telephone #:	Fax #:	
Anticipated date dispensing will begin:			
Please supply a contact person for questions:	Name:		
	Phone:	E-mail:	
Days/ Hours Open for Business:			

SECTION B – CONTROLLED SUBSTANCES REGISTRATION

<input type="checkbox"/> YES <input type="checkbox"/> NO	Are controlled substances to be dispensed? <i>If so, a Federal Controlled Substances Registration is required.</i>
--	---

You may apply for a federal controlled substances registration on-line at www.deadiversion.us.dojgov

SECTION C – STANDARDS FOR THE OPERATION OF A PHARMACY

Please type or print clearly a **detailed** description of how your pharmacy will meet the following requirements in compliance with 175 NAC 8, Sections 8-006 and 8-007. If you need additional room, you may attach a separate sheet.

1.	How will the prescription inventory and prescription records of the pharmacy be secured when there is no pharmacist/dispensing practitioner on the premises? (see 8-006.02C)
2.	How will your pharmacy ensure that drugs, devices, and biologicals are kept at the proper temperature? (see 8-006.02A)
3.	How will your pharmacy ensure that none of its saleable inventory contains any drug, device, or biological which is misbranded or adulterated? (see 8-006.02D)
4.	What services will your pharmacy be providing? (Examples of services which may be provided by a pharmacy include, but are not limited to: ambulatory dispensing, unit-dose dispensing, sterile compounding, non-sterile compounding, and administration of vaccinations or injections.)
5.	What facilities, utilities, and equipment will you be providing at your pharmacy? (see 8-007 and 8-006.02) (Facilities include such items as counters, drawers, shelves, etc. Utilities include such items as lights, heat/air conditioning, electricity, hot/cold running water. Equipment includes such items as mortar and pestle, IV hood, balance, etc.)

SECTION C – STANDARDS FOR THE OPERATION OF A PHARMACY (continued)

6.	What specific reference materials will be provided to the pharmacist/dispensing practitioner in your pharmacy? (Please indicate if these are printed or electronic form) (see 8-007.03)

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

Application Attestation: I attest that I have read the application or have had the application read to me; all statements on the application are true and complete; I am of good character; and I have not committed any act that would be grounds for denial under Neb. Rev. Stat. §38-178 and/or 38-179. If you have committed act(s), you must provide an explanation of all such act(s).

(Printed Name of Applicant)

(Signature of Applicant)

(Date)

NOTE: All supporting documentation required to complete your application must be submitted within 150 days from the date your application is received by the Department. If such documentation is not submitted within this time, your application and supporting documentation will be destroyed and a refund will be processed, less the administrative fee of \$25.00.

Application:Revised 07/2012