

GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Health Health Regulations and Licensing Administration Pharmaceutical Control 899 North Capitol St. 2nd floor Washington, D.C. 20002

OR OFFICIAL USE ONLY!				
Application Com	plete:			
□ YES	□ NO			
Approved Regis	tration:			
⊓ YES	⊓ NO			

OR OFFICIAL USE ONLY!	
DATE:	
IC/REG NO:	
NITIALS:	

PHARMACY LICENSURE APPLICATION

RETURN COMPLETED APPLICATION WITH REGISTRATION FEE MADE OUT TO "D.C. TREASURER" TO 899 N. Capitol St, NE 2 nd Floor, WASHINGTON, DC 20002						
22 DCMR 1902.1 Licenses shall be issued for the	he following cate	egories of pharmaciesexcept for	or nonresident pharmacies, which	shall be requi	red to register with the Department	
22 DCMR 1902.2 A retail chain pharmacy with I	ocations both in	and outside of the District of Co	olumbia (DC) shall obtain (a) a licer	se for each lo	cation within DC and A registration pursuant	
of §1903 for each location outside DC						
CHECK ONE:		CHECK ONE:		CHECK ON	E:	
Pharmacy Category		DC Resident Pharmacy		Nonresiden		
Retail/Community Pharmacy		(Biennial Licensing Fee: \$90	00)	(Bienni	al Registration Fee: \$900)	
☐ Nuclear Pharmacy		☐ Initial (Proposed date of	opening)	☐ Initial (Proposed date of opening)		
☐ Institutional Pharmacy		Renewal (License No:		Renewal (Registration No:		
Special or Limited Use Pharmacy		Change of Ownership		Change of Ownership		
Nonresident Pharmacy		Change of Pharmacy Na	ame	☐ Change of Pharmacy Name		
•		Change of Pharmacy Lo			Change of Pharmacy Location	
		☐ Change of Pharmacist-in-Charge		☐ Change of Pharmacist-in-Charge		
I. Changes to Current Pharmacy Status			3			
All pharmacies must report any change of ownersh	nip, name, locatio	n, or pharmacist-in-charge in writing	g to the Department			
CHANGE OF OWNERSHIP		F PHARMACY NAME	CHANGE OF PHARMACY LO	CATION	☐ CHANGE PHARMACIST-IN-CHARGE	
Proposed Effective Date:	Proposed Effe		Proposed Effective Date:		Proposed Effective Date:	
Pharmacy License/Registration Number		nse/Registration Number	Pharmacy License/Registration Nu	mber	Pharmacy License/Registration Number	
. namasy <u>lisense</u> , togistiation itamise.					New Pharmacist-in-Charge Name	
Previous Owner Name	Previous Phari	macy Name Previous Pharmacy Address				
		,			Pharmacist License Number	
New Owner Name	New Pharmacy	/ Name New Pharmacy Address				
		,			Pharmacist Signature	
					3 ·	
II. District of Columbia Resident Pharmacy Onl	v (Complete thi	s section then go to page 3)				
Pharmacy Name	, , ,	Pharmacy Street Address		Area Code and Telephone Number		
		,				
Pharmacist-In-Charge (PIC)		City	State Zip	Area Code	and Fax Number	
3 ()		,	•			
PIC License Number		Certificate of Occupancy Number		Expected Hours of Operation (Weekdays)		
		(Please submit a copy of Certificate of Occupancy if this is an		· ·		
		initial application)	. ,			
Signature of PIC		,		Expected H	Expected Hours of Operations (Weekends/Holidays)	
•						
		Current License Number, if applicable				
		, , , , , , , , , , , , , , , , , , ,		Email Address		

III. Nonresident Pharmacy Only				
Pharmacy Name	Pharmacist-in-Charge (PIC)	PLEASE WRITE THE REQUESTED INFORMATION AN SUBMIT LEGIBLE COPIES OF THE FOLLOWING:	1D	
Pharmacy Street Address	PIC Pharmacy License Number State of Licensure (Submit copy of PIC pharmacy license)	☐ Certificate of Occupancy Number:		
City State Zip	<u>Affidavit</u>	☐ Pharmacy License Number in resident state:		
Area Code and Telephone Number	I certify that I have read and understand the pharmacy and drug laws and regulations of DC, and I have made the pharmacy and drug laws and regulations of DC available to all pharmacists	☐ DEA Registration Number:		
Area Code and Fax Number	working in the nonresident pharmacy	☐ Most recent pharmacy inspection report:		
Toll-Free Telephone Number for Consultation	Pharmacist-in-Charge Signature			
22 DCMR 1903.8(d)(4) List of Pharmacists practicing at this	Date 22 DCMR 1903.8(d)(5) List of resident agents located within DC	22 DCMR 1903.8(h) List of website address(es) and		
pharmacy	designated to accept service of process	domain registration(s).		
check here if list is attached to the application	check here if list is attached to the application	check here if list is attached to the application		
Pharmacist name License Number	Title Title			
	Address			
	Name Title			
	Address			
	Name Title			
	Address			
Illa. Please Answer the Following Questions				
1. Is the nonresident pharmacy's license, registration, or p	ermit in good standing in the state in which it is located?	☐ YES ☐NO		
2. Does the nonresident pharmacy have the ability to prov	ide to the DC Department of Health ("Department") a record of p	rescription orders dispensed YES NO		
to a DC resident no later than three (3) business days a				
3. Is the nonresident pharmacy solely internet-based or operates primarily as an internet-based pharmacy? If "YES", please submit proof of:				
Certification by the Verified Internet Pharmacy Practice Site Program of the National Association of Boards of Pharmacy, or other national				
certification program for internet pharmacies for each website and domain registration				
Proof of registration in good standing in DC as a foreign corporation				
4. Does the nonresident pharmacy have a toll-free telephone number disclosed on a label affixed to each container of drugs or medical devices				
4. Does the nonresident pharmacy have a toll-free telephone number disclosed on a label affixed to each container of drugs or medical devices dispensed to patients in DC? PLEASE SUBMIT A COPY OF THE LABEL SHOWING THE TOLL-FREE NUMBER				
To the manuscript who were the second control of the second contro		s in the state in which it is		
5. Is the nonresident pharmacy in compliance with the laws and regulations regarding confidentiality of prescription records in the state in which it is located, and if there are no such laws in that state, then is the pharmacy in compliance with the confidentiality laws and regulations of DC?				

IV. Proprie	tor Information					
Proprietor	Type (CHECK ONE)	INDIVIDUAL	CORPOR	RATION PARTNERSHIP UNINCORPORATED INDIV	DUAL OTHER:	
Name of I	ndividual, Corporation,	Partnership, Othe	r	NAME AND ADDRESS FOR PRINCIPAL OFFICERS	Transcript of Company in / Double and him	
				President of Corporation/Partnership	Treasurer of Corporation/Partnership	
Billing Str	eet Address					
City		State	Zip	Vice President of Corporation/Partnership	Other Principal Corporate Officer	
Oity		Otate	Z.ip			
Is the corp incorporation	oration in good standing on?		e of	Secretary of Corporation/Partnership	State of Incorporation	Year Incorporated
	rincipal corporate officer		l of a			
	lving drugs? ☐ YES [
	ver to this is "YES", pleason In with this application	e submit a statemer	nt of			
	Answer the Following Q	uestions				
1. D	oes your pharmacy fa	cilitate the disper		pping, mailing, delivery, or distribution of prescription drugs		of the United States to
	C residents?	ES NO II	f the answ	er to this is "YES", please submit a statement of explanation	on with this application	
0 5	iala imalalaa lia		fa.a.O. [
2. D	id you include your lic	ensing/registration	n ree? [□YES □NO		
3. D	oid you include copies	of all required do	cuments?	□YES □NO		
	,	o. a o qu o a a o				
VI. Certific						
	APPLICANT:	la (a la a l	: A f-1-		ont many and income all at a location at a little of the second of the s	
				e statement on this certification requires that the Department ficate is required by the "CLEAN HANDS REFORE REC		
	which you are now applying and fine you \$1000.00. This certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)					
,	,			•		
I,	NAME CLEARLY	, certify th	nat as of _	, I do not owe more than \$100.00 to th	e District of Columbia government as a	result of:
1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.); 2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);						
				he Department of Consumer and Regulatory Affair Civil Inf		
	2; D.C. Code § 6-270		Suarit to t	The Department of Consumer and Regulatory Alian Civil in	ractions Act of 1909, effective October	5, 1900 (D.O. Law 0-
	ast due taxes.	. 0. 004./, 0.				
				Department will move to revoke the license or permit for w		
				ion to ascertain the veracity of this certification. I understain		as documentation to
accompar	ny my application for a	license or permit	i, and that	by completing this Certification, I am not guaranteed that	ny license or permit will be approved.	
Signature	of Applicant			<u>.</u> Title	<u>.</u>	
22 DCMR 1902.5 It shall be unlawful for any person to furnish false or fraudulent information on an application for a license or registration. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS MADE ARE TRUE, COMPLETE, AND CORRECT						
ICERTIF	I IMAI, IU IME BES	OI OF WIT KNOW	LEDGE,	ALL OF THE STATEMENTS MADE ARE TRUE, COMPL	ETE, AND CORRECT	
Signature	of Applicant			Print Name of Applicant		