



Government of The District of Columbia
 Department of Health
 Health Regulation and Licensing Administration
 DOH – Pharmacy
 P.O. Box 37803
 Washington D.C. 20013



NON-RESIDENT PHARMACY RENEWAL LICENSURE APPLICATION

Please Print or type: **(ALL SECTIONS MUST BE COMPLETED AND SEND APPLICATION TO ADDRESS ABOVE)**

PROVIDE ALL ITEMS ON THE NON-RESIDENT PHARMACY RENEWAL CHECKLIST

Current License # _____

 Name of Pharmacy:

 Pharmacy Address: Street: Suite/Bldg./Floor City:

 State: Zip Code:

 Pharmacy Telephone Number: Fax Number:

 Email Address: Website Address:

Indicate type of pharmacy practice:			
<input type="checkbox"/> Community/Retail	<input type="checkbox"/> Nuclear	<input type="checkbox"/> Institutional	<input type="checkbox"/> Special/Limited Use

Ownership type: (Check One Only)			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Government Owned
<input type="checkbox"/> Other: _____			

 Hours of Pharmacy Operation: Weekdays: Weekends: Holidays:

 Name of Pharmacist-in-Charge

 Pharmacist License Number

 State of Issue (for non-resident pharmacy only)

Affidavit

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 working in the pharmacy

 Signature of Pharmacist-in-Charge:

 Date



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In accordance with 22DCMR Chapter 19, Section 1903.8(d) 5; Provide the name and address of the Non-Resident Pharmacy Resident Agent located in the District of Columbia:

Name: _____

Address (In the District of Columbia): _____

Answer the following questions by selecting “yes or no”. Failure to respond to any question may result in delay in processing the application.

Since your last renewal:

a) Does the pharmacy have the ability to provide to the DC Department of Health (“Department”) with records of prescriptions dispensed to a DC resident no later than three (3) business days after the time the Department requests the record?	<input type="checkbox"/> YES <input type="checkbox"/> NO
b) Is the pharmacy in compliance with the confidentiality laws and regulations of DC?	<input type="checkbox"/> YES <input type="checkbox"/> NO
c) Does your pharmacy facilitate the dispensing, shipping, mailing, delivery, or distribution of prescription drugs or devices from any jurisdiction outside of the United States to DC residents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
d) Does the pharmacy engage in any forms of bulk compounding for District of Columbia residents?	<input type="checkbox"/> YES <input type="checkbox"/> NO
e) Have any owner or principal officer of the corporation, limited liability company or government entity ever been convicted of a felony involving drugs?	<input type="checkbox"/> YES <input type="checkbox"/> NO
f) Has the listed business or organization ever withdrawn an application (in D.C. or any other state/jurisdiction)?	<input type="checkbox"/> YES <input type="checkbox"/> NO
g) Has any authority or peer review board ever taken adverse action against your license or privileges?	<input type="checkbox"/> YES <input type="checkbox"/> NO
h) Are any members of the business (sole proprietorship, corporation, and limited liability company or government entity) currently under investigation, or being investigated by any authority or peer review board for any violation of state, federal, or local law?	<input type="checkbox"/> YES <input type="checkbox"/> NO
i) Has any authority or peer review board informed the business of any pending charges(s) or investigation not previously reported to Pharmaceutical Control Division?	<input type="checkbox"/> YES <input type="checkbox"/> NO



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<p>j) Has the applicant, corporation, association, partnership, or any officer, partner, majority shareholder or proprietor been convicted of a felony in connection with pharmaceuticals under D.C., state or federal law, or ever surrendered or had a pharmacy registration revoked, suspended or denied?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>k) The undersigned applicant certifies that I do not owe more than \$100.00 to the District of Columbia government as a result of:</p> <p>A. 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.);</p> <p>B. 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.);</p> <p>C. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or</p> <p>D. Past due taxes.</p> <p>The undersigned applicant understands that if he/she knowingly falsifies this Certification, the Department will move to revoke the license or permit for which he/she is applying, and to fine me \$1,000.00. He/she further understand that the Department may conduct an investigation to ascertain the veracity of this certification. The undersigned applicant understands that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, he/she is not guaranteed that my license or permit will be approved. Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which the undersigned applicant is now applying and fine him/her \$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.)</p>	

IF THE RESPONSE TO QUESTION A IS "NO" OR IF ANY OF THE RESPONSES FOR QUESTIONS C-K IS "YES" INCLUDE A SIGNED STATEMENT EXPLAINING THE RESPONSE. Refer to 22 DCMR Chapter 19 for further information.

In accordance with 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

Signature of Applicant: _____

Print Name: _____

Title: _____ Date: _____