



Government of the District of Columbia



Department of Health
Health Regulation and Licensing Administration
Pharmaceutical Control Division

NON-RESIDENT PHARMACY APPLICATION CHECKLIST

DCMR 22, CHAPTER 19, SECTION 1903:

- 1. Name of Pharmacy
- 2. WDC License Number (if renewal)
- 3. Address of Pharmacy Facility
- 4. Telephone number and toll-free telephone number for consultation
- 5. Email address, fax number and website address
- 6. Pharmacist in charge name and copy of license (in the state of license) and sign the affidavit on the application
- 7. List of pharmacists practicing at this pharmacy and their license number
- 8. Copy of Pharmacy License and copy Certificate of Occupancy (if required by state)
- 9. Most recent pharmacy inspection report
- 10. Name of resident agency located within the District of Columbia designated to receive service of process (visit www.registered-agent-listings.com for a list of DC resident agent)
- 11. Name of individual, corporation, partnership and State and year of Incorporation
- 12. Name and address of principal officers
- 13. Verified Internet Pharmacy Practice Sites Program (VIPPS) of the National Association of Pharmacy, or other national certification program (if applicable).
- 14. Your state Controlled Substances (if applicable)
- 15. U.S. Drug Enforcement Administration –DEA# (if applicable).
- 16. \$900 license fee and \$130 for the Controlled Substances (if applicable)
- 17. Computer generated prescription Label
- 18. Does the pharmacy provide compounding as a service for their customers?(yes/no)