



APPLICATION FOR A REMOTE DISPENSING FACILITY

State Form 56493 (R / 8-18)

**INDIANA BOARD OF PHARMACY
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-2067
 E-mail: pla4@pla.IN.gov
 www.bop.IN.gov

- INSTRUCTIONS:**
1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 856 IAC 1.
 2. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
 3. All fees are non-refundable and non-transferable.
 4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
 5. This application is for the operation of a remote dispensing facility (as defined in IC 25-26-13.5) that is not located in a hospital (as defined in IC 16-21-2), a health facility (as defined in IC 16-28), or an ambulatory outpatient surgical center (as defined in IC 16-21-2).

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
Date of Board approval (month, day, year)	Registration number	Date of issuance (month, day, year)

DO NOT WRITE ABOVE THIS LINE

REMOTE DISPENSING FACILITY INFORMATION

Name of remote site (if different than responsible pharmacy)

Type
 New Location Remodel / Relocation Change of Ownership

Address (number and street) City State ZIP code

Previous address, if change of location (number and street) City State ZIP code

Name of contact person Title of contact person

E-mail address Telephone number ()

Number of pharmacists employed at the facility Number of technicians employed at the facility

Hours of Operation
 Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____
 Friday: _____ Saturday: _____ Sunday: _____

Please check the required drug schedules, if you require a controlled substances registration (CSR) for this site:
 1 2 2 Narcotic 3 3 Narcotic 4 5 N/A

The facility must complete a separate controlled substances registration application if storing or dispensing controlled substances.

SUPERVISING PHARMACY INFORMATION

Name of facility Pharmacy permit number

Name of qualifying pharmacist Pharmacist license number

Address (number and street) City State ZIP code

E-mail address Telephone number ()

Name of contact person Title of contact person

Telephone number () E-mail address

Name of existing remote dispensing facility Permit number

OWNERSHIP INFORMATION OF REMOTE DISPENSING FACILITY

Check the appropriate box below and provide requested information for owners and agents.

A. INDIVIDUAL - If pharmacist, list name followed by Indiana license number and home address. D. CORPORATION - Give name of corporation, followed by names and home addresses of all officers. Indiana license number following if pharmacists.

B. INDIVIDUAL - If non-pharmacist, list name and home address. E. ESTATE - Name of executor and attach certified copy of order of appointment.

C. PARTNERSHIP - List names of all partners, Indiana license number if pharmacist, and home address. F. STATE OWNERSHIP - List names of trustees or appointed official in charge.

G. COUNTY OWNERSHIP - List names of trustees or appointed official in charge.

OWNERSHIP INFORMATION OF REMOTE DISPENSING FACILITY (continued)

NAME	HOME ADDRESS (number and street, city, state, and ZIP code)

QUALIFYING PHARMACIST INFORMATION

Name of qualifying pharmacist		Pharmacist license number	
Address (number and street)	City	State	ZIP code
E-mail address		Telephone number ()	

Identify any other pharmacies for which the qualifying pharmacist serves as a qualifying pharmacist.

INQUIRY OF LAW VIOLATIONS

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include violation, location, date and disposition. Falsification of any of the following is grounds for permanent revocation or a registration issued pursuant to this application.

- A. Has the applicant, any of the agents or listed pharmacist ever been convicted of, pled guilty, or nolo contendere to a violation of any federal, state or local law relating to the use, manufacturing, distribution or dispensing of controlled substances Yes No
- B. Has the applicant, any of the agents or listed pharmacist ever been convicted of, pled guilty, or nolo contendere to any offense, misdemeanor or felony in any state? (Except for minor violations of traffic laws resulting in fines) Yes No
- C. Has the applicant, any of the agents, or the listed pharmacist been treated for drug or alcohol abuse? Yes No

REQUIRED ATTACHMENTS, SPECIFIC TO THE PROPOSED REMOTE DISPENSING FACILITY

- Drawing / Blueprint**
Provide a drawing or blueprint showing the physical size (include dimensions) and general layout of the remote dispensing facility, including the location of camera views.
- Site Map**
Provide a map indicating the location of the supervising pharmacy, the remote dispensing facility, and the distance between locations, as well as a map showing the distance to the nearest retail pharmacy that is not co-located in a hospital.
- Statement of Explanation**
Provide a statement or memorandum providing the Board with a general description of the proposed business plan and explain the need for the remote location.
- Type of Site**
Indicate the type of site the proposed remote location will be. Examples include a distribution site, university clinic, rehabilitation facility, warehouse, nuclear pharmacy, retail, hospital, etc.
- Personnel Responsible**
Provide a list of the names, titles, and license numbers (if applicable) of all personnel that will be responsible for the operations.
- Detailed Policies and Procedures**
 1. Safety, accuracy, security, sanitation, recordkeeping, confidentiality
 2. Handling of drugs at remote dispensing facility: medication delivery, restocking, and inventory reconciliation
 3. Authorized personnel with access to remote dispensing facility
 4. Qualifying pharmacist responsibilities, including availability to the site, frequency of visits and inspection procedures
 5. Training standards related to electronic verification of prescriptions, and record keeping and communication systems
 6. Recovery plan in event real-time contact is lost with supervising pharmacy
 7. Dispensing
 8. Continuous quality improvement program, including error reporting
 9. Counseling
 10. Description of technology and communication systems
 11. Description of record keeping system
 12. Description of prescription verification system
- Inventory**
Include an inventory listing of all legend drugs to be stored, including form and quantities.
- Storage and Security** (Security and Storage Requirements may be found in 21 CFR 1301.71 - 1301.76 and 856 IAC 2-3-30 - 856 IAC 2-3-35)
Provide the following regarding the storage and security of controlled substances:
 1. Delivery of drugs from main site to proposed remote dispensing facility: personnel responsible, type of vehicle, and containers which provide adequate security to guard against in-transit losses;
 2. The type of vault, safe, and secure enclosures or other storage system (e.g., automatic storage and retrieval system);
 3. The type of closures on vaults, safes, and secure enclosures; and
 4. Controls and procedures to guard against theft and diversion: electronic monitoring (motion, alarm, etc.), human monitoring (guards, police, etc.), cameras, other (lockboxes, cages, gates, safe, etc.).

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury that the statements made in this application are true, complete, and correct.

Signature of qualifying pharmacist		Date (month, day, year)
Printed name of qualifying pharmacist	Title	