



# APPLICATION FOR OPERATING A REMOTE LOCATION

State Form 51720 (R5 / 11-20)

**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 1-27-1.
  2. If you are storing / dispensing controlled substances, you will pay an additional \$100.00 for a Controlled Substance Registration (CSR) in accordance with 856 IAC 2-3-9.
  3. Completed application and fees should be mailed to the address listed in the upper right hand corner of this form.
  4. All fees are non-refundable and non-transferable.
  5. Please refer to the instructions on our website, [www.pla.in.gov](http://www.pla.in.gov), for the licensing requirements.

This application is for the placement of automated dispensing machines where prescriptions are dispensed without an on-site pharmacist, located within 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		
Date of Board approval (month, day, year)	Date fee paid (month, day, year)	Receipt number
Application fee	Registration number	Date of issuance (month, day, year)

**DO NOT WRITE ABOVE THIS LINE**

REMOTE LOCATION INFORMATION			
Name of remote site	Indiana Remote license number	Name of automated dispensing system (ADS) to be used	
Type <input type="checkbox"/> New Location <input type="checkbox"/> Remodel <input type="checkbox"/> Relocation <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Adding a Machine to Existing License			
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 (      )	
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: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 Narcotic <input type="checkbox"/> 3 <input type="checkbox"/> 3 Narcotic <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> N/A			

RESPONSIBLE 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 (      )	Do you have other licensed remote locations? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of contact person		Title of contact person	
Telephone number (      )	E-mail address		

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant, any of the agents, or the listed pharmacist been treated for drug or alcohol abuse?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REQUIRED ATTACHMENTS, SPECIFIC TO THE PROPOSED REMOTE LOCATION SITE**

- Fee Information - Check or Money Order Payable to "Professional Licensing Agency"**  
 \$50.00 - Application fee for adding a remote location that will not maintain controlled substances.  
 \$150.00 - Application fee for adding a remote location that requires a controlled substance
  
- Drawing / Blueprint**  
 Provide a drawing or blueprint showing the physical size (include dimensions) and general layout of the current licensed pharmacy area as well as one of the proposed remote location site.
  
- Site Map**  
 Provide a map indicating the location of the current licensed pharmacy area as well as the proposed remote location, advising of distance between locations; include physical addresses of both sites.
  
- 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. *If applicable*, explanation of automation and information including: auxiliary procedures for down time and prescription files back-up information;
  2. Authorized personnel with access at the remote site;
  3. Qualifying pharmacist responsibilities, including availability to the site;
  4. Handling of legend drugs at remote site: medication delivery, restocking, and inventory reconciliation.
  
- Inventory**  
 Include an inventory listing of all legend drugs to be stored, including form and quantities.
  
- If the site is an IV room, USP 797 compliance information**
  1. Hood inspection reports; and
  2. Clean room procedures: weekly, monthly cleaning logs, proper disposal containers, training/testing requirements for technicians, available upon request, and equipment monitoring (hoods, refrigerators, etc.).
  
- 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 location site: 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 ( <i>month, day, year</i> )
Printed name of qualifying pharmacist	Title