



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF PHARMACY

TELEPHONE: (302) 744-4500
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EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR IN-STATE PHARMACY REMODELING PERMIT INSTRUCTION SHEET

Requirements for All Remodeling Applications

File this application when an in-state Pharmacy-Retail or Pharmacy-Hospital plans to remodel its facility.

- Submit completed, signed and notarized [Application for In-State Remodeling Permit](#).
- Enclose [remodeling fee](#) by check or money order made payable to "State of Delaware."
- Enclose three sets (copies) of the plans for the remodeled pharmacy department.
 - Plans must be drawn to scale and should include the location of the sink, all doors, storage room, approved Schedule II controlled substance safe, security systems, and counters. For specific requirements, refer to [24 Del.C. §2533](#) and Section 3.0 of the Board's [Rules and Regulations](#), both available at www.dpr.delaware.gov.
 - Plans must also show the type of alarm system installed and the name, address, and phone of the provider.
- Arrange for the pharmacist-in-charge to sign the **PHARMACIST IN CHARGE ACKNOWLEDGMENT** section.
- Submit a sample patient profile that meets the requirements in Section 5.0 of the Board's [Rules and Regulations](#),

Requirements Related to Temporary Facility

If the pharmacy will operate from a temporary location during the remodeling, what you need to do depends on where the temporary facility is.

- If the temporary facility **is in the same building and has the same mailing address as the permanent facility** undergoing remodeling, this remodeling application is also an application for a temporary permit for the temporary pharmacy. In this situation, it is not necessary to file a separate application for the temporary pharmacy.
 - If the temporary facility **is in a different building or has a different mailing address than the permanent facility** undergoing remodeling, this remodeling application does not cover the temporary pharmacy. In this situation, you must file an [Application for In-State Pharmacy Permit](#) for the temporary pharmacy.
- If the temporary pharmacy will be in the **same building with the same mailing address**, enclose three sets of plans for the temporary location **with the remodeling application**. Make clear which set of plans are for the remodeled location and which are for the temporary location.
 - If the temporary pharmacy will be in the **different building with different mailing address**, follow the [instructions for submitting the Application for In-State Pharmacy Permit](#) available at www.dpr.delaware.gov. You may submit the *Application for In-State Pharmacy Permit* with the remodeling application or separately.
 - If you submit them together, make clear which documents (e.g., plans) pertain to which application.
 - If you submit them separately, make sure that each application references the other.

Inspection Requirement

The temporary facility, regardless of whether or not it is in the same building, must also be inspected before it begins operation. A pharmacy representative **must notify the Board office** when the temporary location is ready for inspection.

The Board will review and tentatively approve the remodeling application contingent on the pharmacy passing final inspection. A pharmacy representative **must notify the Board office** when the remodeled pharmacy is ready for inspection. When the pharmacy passes the final inspection, the Board office will transfer the prior license number to the remodeled pharmacy.



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APPLICATION FOR IN-STATE PHARMACY REMODELING PERMIT

LOCATION AND CONTACT INFORMATION – The questions in this section are about the pharmacy location that will be undergoing remodeling.

- Pharmacy Name: _____
Enter name as it appears on current license.
- Delaware Pharmacy License Number: **A**__ - _____
- Delaware (CSA) Controlled Substance Registration Number: _____
- Name of Proprietor Company (if different): _____
- Pharmacy's **Permanent Physical Location**: _____
Street (*no PO Box*)

City State Zip
- Pharmacy's **Permanent Mailing Address** (if different): _____

City State Zip
- Phone: _____ Fax: _____ Email: _____
- Enter the following information about the contact person in the district/corporate office who will be responsible for receiving and forwarding Delaware Board of Pharmacy alerts:
Name: _____ Email: _____
- Federal (DEA) Controlled Substances Registration Number: _____
- Will the Pharmacy temporarily operate from another location during the remodel? Yes No
 - If yes, continue to the **INFORMATION ABOUT TEMPORARY PHARMACY** section.
 - If no, skip to the **INFORMATION ABOUT REMODELED PHARMACY** section.

INFORMATION ABOUT TEMPORARY PHARMACY – If a pharmacy's temporary quarters are in the same building and have the same mailing address as the permanent location, a temporary license will be issued for the temporary quarters. The questions in this section are about the pharmacy's temporary location.

- Is the temporary location in the same building and at the same mailing address as the permanent location undergoing remodeling (Questions 5 and 6 above)? Yes No
 - If yes, continue with the next question.
 - If no, submit a new *Application for In-State Pharmacy* to apply for a permit for the temporary location. Skip to the **INFORMATION ABOUT REMODELED PHARMACY** section. (Since the temporary permit does not apply, the rest of this section does not apply.)
- How long do you anticipate the pharmacy will be operating from this temporary location? _____
- Pharmacy Department hours:
Weekdays _____ AM to _____ PM
Saturday _____ AM to _____ PM
Sunday _____ AM to _____ PM
Holidays _____ AM to _____ PM

14. Enter Hours of Business Site: Weekdays _____ AM to _____ PM
 Saturday _____ AM to _____ PM
 Sunday _____ AM to _____ PM
 Holidays _____ AM to _____ PM

15. The Prescription Department must occupy at least 250 square feet of floor space excluding a storeroom. The prescription counter must be at least 18 inches wide with four linear feet kept clear and free of all merchandise for each pharmacist working concurrently. The aisle behind the counter must be at least 30 inches wide and shall be kept free of obstruction at all times. (See 24 Del. C. §2533.) Will these requirements be met at the temporary location? Yes No

16. Will the temporary location have sufficient size, space, sanitation, and environmental control for adequate distribution, dispensing, and storage of drugs and devices? Yes No

17. Will the temporary location have a dispensing area of adequate size and space for proper compounding, dispensing, and storage of drugs and devices, to ensure the safety and well being of the public and pharmacy personnel? Yes No

18. The area in which drugs and devices are stored must be accurately monitored using control devices to maintain room temperature between 59° and 86° Fahrenheit. Will the temporary location have sufficient environmental control, i.e. lighting, ventilation, heating, and cooling, to maintain the integrity of drugs and devices? Yes No

19. The sink in the pharmacy area must be large enough to accommodate the equipment required by the Board so that the utensils can be properly washed and sanitized. Will the temporary location's pharmacy area contain a sink with hot and cold running water? Yes No

20. Refrigerators and freezers (where required) will be maintained at the USP/NF range: Refrigerator – 36 ° to 46 ° Fahrenheit; Freezer – minus 4 ° to plus 14 ° Fahrenheit. Will the temporary location have suitable refrigeration with appropriate monitoring device? Yes No

21. An area must be provided to afford the patient privacy from auditory detection by any unauthorized person(s). In most settings, an area partitioned with a minimum of 9 square feet will satisfy this requirement. Will the temporary location have an area which assures patient privacy to facilitate counseling? Yes No

22. Do the floor plans for the temporary location include the type of alarm system installed and the name, address, and phone number of the provider? Yes No

23. The temporary location must have floor-to-ceiling physical barriers, motion detectors, and surveillance cameras that meet the standards in Section 5.0 of the [Uniform Controlled Substances Act Regulations](#). Will the pharmacy meet this requirement? Yes No

Enclose three sets (copies) of building plans, drawn to scale, for the temporary pharmacy.

INFORMATION ABOUT REMODELED PHARMACY – The questions in this section are about the pharmacy's remodeled permanent location.

24. Pharmacy Department hours: Weekdays _____ A.M. to _____ PM
 Saturday _____ A.M. to _____ PM
 Sunday _____ A.M. to _____ PM
 Holidays _____ A.M. to _____ PM

25. Enter Hours of Business Site: Weekdays _____ A.M. to _____ PM
 Saturday _____ A.M. to _____ PM
 Sunday _____ A.M. to _____ PM
 Holidays _____ A.M. to _____ PM

26. The Prescription Department must occupy at least 250 square feet of floor space excluding a storeroom. The prescription counter must be at least 18 inches wide with four linear feet kept clear and free of all merchandise for each pharmacist working concurrently. The aisle behind the counter must be at least 30 inches wide and shall be kept free of obstruction at all times. (See [24 Del. C. §2533](#).) Will these requirements continue to be met at the remodeled pharmacy? Yes No

27. Will the remodeled pharmacy have sufficient size, space, sanitation, and environmental control for adequate distribution, dispensing, and storage of drugs and devices? Yes No

28. Will the remodeled pharmacy have a dispensing area of adequate size and space for proper compounding, dispensing, and storage of drugs and devices, to ensure the safety and well being of the public and pharmacy personnel? Yes No
29. The area in which drugs and devices are stored must be accurately monitored using control devices to maintain room temperature between 59° and 86° Fahrenheit. Will the remodeled pharmacy have sufficient environmental control, i.e. lighting, ventilation, heating, and cooling, to maintain the integrity of drugs and devices? Yes No
30. The sink in the pharmacy area must be large enough to accommodate the equipment required by the Board so that the utensils can be properly washed and sanitized. Will the remodeled pharmacy contain a sink with hot and cold running water? Yes No
31. Refrigerators and freezers (where required) will be maintained at the USP/NF range: Refrigerator – 36 ° to 46 ° Fahrenheit; Freezer – minus 4 ° to plus 14 ° Fahrenheit. Will the remodeled pharmacy have suitable refrigeration with appropriate monitoring device? Yes No
32. An area must be provided to afford the patient privacy from auditory detection by any unauthorized person(s). In most settings, an area partitioned with a minimum of 9 square feet will satisfy this requirement. Will the pharmacy have an area which assures patient privacy to facilitate counseling? Yes No
33. Do the floor plans for the remodeled pharmacy include the type of alarm system installed and the name, address, and phone number of the provider? Yes No
34. The pharmacy must have floor-to-ceiling physical barriers, motion detectors, and surveillance cameras that meet the standards in Section 5.0 of the [Uniform Controlled Substances Act Regulations](#). Will the pharmacy meet this requirement? Yes No

Enclose three sets (copies) of building plans, drawn to scale, for the remodeled pharmacy department and a sample patient profile.

PHARMACIST-IN-CHARGE ACKNOWLEDGMENT

I understand that I am responsible for conducting and managing the prescription department in compliance with applicable state and federal laws.

Pharmacist-in-Charge Signature: _____ Delaware License A1 - _____

Please note: When your application is complete, please allow 4-8 weeks to receive your permit. A complete application is one that includes all required documentation and correct payment. In order to be considered at a Board meeting, pharmacy remodeling permit applications must be submitted at least 15 days prior to the next scheduled meeting. The schedule for Board meetings may be found at dpr.delaware.gov. Applications that are not complete within six months of filing may be considered abandoned and discarded.

AFFIDAVIT

I hereby swear or affirm under penalty of perjury that all the foregoing information and statements are true and correct to the best of my knowledge and belief. I hereby further agree to abide by the pharmacy laws of the State of Delaware.

Signature: _____ **Date:** _____

Print Name: _____ **Position:** _____

State: _____ **County:** _____

Sworn or affirmed before me a Notary Public this _____ day of _____ 2 _____

Notary Public: _____

SEAL

My commission expires on _____

APPLICATIONS THAT ARE NOT SIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.