



CANNON BUILDING  
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STATE OF DELAWARE  
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

### APPLICATION FOR IN-STATE PHARMACY REMODELING PERMIT

(For Board of Pharmacy Use Only):

\_\_\_\_\_  
Verification Board Apprvl. Inspection

This application must be accompanied by a non-refundable processing fee.  
Please refer to the Fee Schedule at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) for the correct fee.

(Please Print or Type)

Name of Pharmacy: \_\_\_\_\_

Name of Proprietor Company (if different): \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_  
(Number and Street)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_ (include area code)

Contact Person's Phone Number: \_\_\_\_\_ (include area code)

Current Board of Pharmacy License Number: \_\_\_\_\_

Federal (DEA) Controlled Substances Registration Number: \_\_\_\_\_

State (CSA) Controlled Substance Registration Number: \_\_\_\_\_

1. Pharmacy Department hours:	Weekdays	_____ A.M. to _____ P.M.
	Saturday	_____ A.M. to _____ P.M.
	Sunday	_____ A.M. to _____ P.M.
	Holidays	_____ A.M. to _____ P.M.

2. Business site hours of operation:	Weekdays	_____ A.M. to _____ P.M.
	Saturday	_____ A.M. to _____ P.M.
	Sunday	_____ A.M. to _____ P.M.
	Holidays	_____ A.M. to _____ P.M.

The following are statutory and regulatory requirements associated with your pharmacy remodeling application.  
All statutes and regulations related to pharmacy requirements may be found in full at [www.dpr.delaware.gov](http://www.dpr.delaware.gov).

3. 24 Del. C. §2534(f) requires: (1) Prescription Department must occupy at least 250 square feet of floor space excluding a storeroom. (2) 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. (3) The aisle behind the counter must be at least 30 inches wide and shall be kept free of obstruction at all times. Will these requirements continue to be met after completion of the remodeling project?

YES  NO

4. Regulation 3.0 Physical Facilities. Will the facility continue to have:

3.4 Sufficient size, space, sanitation, and environmental control for adequate distribution, dispensing, and storage of drugs and devices?

YES  NO

3.4.1 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

3.4.2 Sufficient environmental control, i.e. lighting, ventilation, heating, and cooling, to maintain the integrity of drugs and devices? [The area in which drugs and devices are stored shall be accurately monitored using control devices to maintain room temperature between 59° and 86° Fahrenheit.]

YES  NO

3.4.3 A pharmacy department or prescription area that contains a sink with hot and cold running water? [The sink must be large enough to accommodate the equipment required by the Board so that the utensils can be properly washed and sanitized.]

YES  NO

3.4.4 Suitable refrigeration with appropriate monitoring device? [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.]

YES  NO

3.5.2 An area which assures patient privacy to facilitate counseling? [This area must afford the patient privacy from auditory detection by any unauthorized person or persons. An area partitioned by a 5 foot divider on 2 sides with a minimum of 9 square feet will satisfy this requirement in most settings.]

YES  NO

3.5.4 Do the floor plans include the type of alarm system installed and the name, address, and phone number of the provider?

YES  NO

3.5.5 When a pharmacist is not physically present, and the operation is open for business, the pharmacy department shall be physically or electronically secured from floor to ceiling. The partitioned off section must be not less than five feet high measured from the floor.

YES  NO

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

Pharmacist-in-Charge: \_\_\_\_\_ Pharmacist License # \_\_\_\_\_  
(Signature)

6. Have you submitted three (3) sets (copies) of pharmacy department building plans drawn to scale? [Plans should include the location of the sink, all doors, storage room, approved schedule II controlled substance safe, security systems, and counters. Refer to 24 Del.C. §2534 and Board Regulation 3.0 available at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) for specific requirements.]

YES  NO

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 our website [www.dpr.delaware.gov](http://www.dpr.delaware.gov).

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

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: \_\_\_\_\_

Print Name: \_\_\_\_\_

Sworn or affirmed before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 200

My commission expires on \_\_\_\_\_

\_\_\_\_\_  
Notary Public