



CANNON BUILDING  
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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
DEPARTMENT OF STATE

TELEPHONE: (302) 744-4501  
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DIVISION OF PROFESSIONAL REGULATION

### APPLICATION FOR IN-STATE PHARMACY PERMIT

(For Board of Pharmacy Use Only):

\_\_\_\_\_  
Verification

\_\_\_\_\_  
Board Apprvl.

\_\_\_\_\_  
Inspection

No person shall operate any pharmacy within this State without first having obtained a permit to do so from the Board of Pharmacy.

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.

**CHECK TYPE(S) OF APPLICATION:**

- Initial Application
- Change of Ownership – Enter current license number \_\_\_\_\_
- Relocation of Facility – Enter current license number \_\_\_\_\_

(Please Print or Type)

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

Address of Pharmacy: \_\_\_\_\_

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

Business Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ (include area code)

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

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

1. Name or Title under which the Pharmacy is conducted: \_\_\_\_\_

2. If corporation, give date of charter and names and titles of principal officers:

_____	_____
_____	_____
_____	_____

3. If partnership, give names and titles of all active partners:

_____	_____
_____	_____
_____	_____

4. If individually owned, give name and address of owner:

_____
_____
_____

5. **Business site hours of operation:**

Weekdays	_____	A.M. to _____	P.M.
Weekends	Saturday _____	A.M. to _____	P.M.
Weekends	Sunday _____	A.M. to _____	P.M.
	Holidays _____	A.M. to _____	P.M.

6. **Pharmacy Phone Number (if available)** \_\_\_\_\_

7. **Pharmacy Department hours:**

Weekdays	_____	A.M. to _____	P.M.
Weekends	Saturday _____	A.M. to _____	P.M.
Weekends	Sunday _____	A.M. to _____	P.M.
	Holidays _____	A.M. to _____	P.M.

8. **Names and Certificate Numbers of Registered Pharmacists:**

Staff Pharmacists:	License #	Staff Pharmacists:	License #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. **Names of all unregistered employees** **Initial date of employment**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**The following are statutory and regulatory requirements associated with your pharmacy application.**

**All statutes and regulations related to pharmacy requirements may be found in full at [www.dpr.delaware.gov](http://www.dpr.delaware.gov)**

10. **24 Del. C. §2526 Requirements for an Issuance of Permit: In determining if a permit should be issued, the Board shall consider the following factors:**

1. The Pharmacy will be conducted in full compliance with the law and with rules and regulations of the Board.
2. The Pharmacy will be managed by a pharmacist-in-charge properly registered in the State who can only serve in that position for one pharmacy.
3. The location and appointments of the pharmacy are such that it can be operated and maintained without endangering public health and safety. In determining a danger to the public health or safety, the Board shall consider the following factors:
  - a. Applicant, principal or anyone having controlling ownership interest is of good moral character.
  - b. Any conviction of applicant, principal or anyone having controlling ownership interest under federal or any state's law for deceptive business practices or violations of drug law.
  - c. Any actions by a regulatory agency against the permit holder or applicant, principal or anyone having controlling ownership interest for violations of its statutes and regulations.
4. The application shall contain the name of a pharmacist-in-charge who will assume the responsibility in writing for compliance with the pharmacy, controlled substances and other applicable statutes and regulations.

11. *24 Del. C. §2531 Availability of Permit; expiration date; transfer.* Permits issued under the provisions of this subchapter shall:
1. Be available on site for inspection by authorized persons.
  2. Expire on the last day of September biennially (even years).
  3. Not be transferable.
12. *24 Del. C. §2532 Equipment Requirements:* (a) The Board shall prescribe the minimum of the professional and technical equipment and texts that a pharmacy shall at all time possess. Regulation 3.3 requires each pharmacy to have the following equipment and to maintain a library of the latest edition and supplements of current reference sources (either hard copy or electronically accessible appropriate to the practice and to the care of the patient served).
- State how this information will be obtained. (e.g. internet FDA website, current text with name, edition/year, etc.)
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13. *24 Del. C. §2534 (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.*
14. *24 Del. C. §2553 Substitution of drugs.* The drug is therapeutically equivalent according to FDA “Approved Prescription Drug Products with Therapeutic Equivalents Evaluations” and its supplements.
15. *24 Del. C. §2533 Prescriptions; Preservation of record:* Every proprietor or manager of a pharmacy shall keep a suitable book or file, in which shall be preserved for a period of not less than three (3) years the original of every prescription compounded or dispensed at such pharmacy. Such book or file of original prescriptions shall at all times be open to inspection by duly authorized agents of the Board and the Department of Health and Social Services.
16. *24 Del. C. §2534 (b) Security:* No one but a pharmacist shall be able to unlock and lock the prescription department.
17. *24 Del. C. §2534(c)* A sign with letters not less than 3/4" in height in the vicinity of the prescription department visible to the public which shows the names of the pharmacists employed at that pharmacy or the name of the pharmacist on duty.
18. **Regulation 3.0 Physical Facilities.**
- 3.4 Have sufficient size, space, sanitation, environmental control for adequate distribution, dispensing and storage of drugs and devices. Such facilities shall include:
    - 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.
    - 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.
    - 3.4.3. The pharmacy department or prescription area must contain a sink with hot and cold running water. It must be large enough to accommodate the equipment required by the Board so that the utensils can be properly washed and sanitized.
    - 3.4.4. Suitable refrigeration with appropriate monitoring device. Refrigerators and freezers (where required) will be maintained at the USP/NF range:
 

Refrigerator	-	36 degrees to 46 degrees Fahrenheit
Freezer	-	minus 4 degrees to plus 14 degrees Fahrenheit.

19. Regulation 5.0 Dispensing

Submit a sample patient profile that meets the following requirements, with each item below annotated on the sample patient profile submitted. (Every item must be checked for compliance)

- (5.7.1.2.1) Family name and first name of the person for whom the medication intended (the patient);
- (5.7.1.2.2) Address of patient and phone number (or location in institution);
- (5.7.1.2.3) The patient's age or date of birth, and gender;
- (5.7.1.2.4) The original date the medication is dispensed pursuant to the receipt of the prescription;
- (5.7.1.2.5) Number or designation for prescription;
- (5.7.1.2.6) Prescriber's name;
- (5.7.1.2.7) Name, strength, quantity, directions and refill information of drug dispensed. Appropriate directions must also be present if medication is for patients in institutions;
- (5.7.1.2.8) Initials of dispensing pharmacist and date of dispensing medication as a refill if said initials and date are not recorded on original prescription;
- (5.7.1.2.9) If patient refuses to give all or part of the required information, the pharmacist shall indicate and initial in the appropriate area;
- (5.7.1.2.10) Pharmacist comments relevant to the patient's drug therapy, including any other information peculiar to the specific patient or drug.
  
- (5.7.3) The pharmacist or pharmacy intern under the direct supervision of a pharmacist shall attempt to ascertain and shall record any allergies and idiosyncrasies of the patient and any chronic disease states and frequently used over-the-counter medication as communicated to the pharmacist by the patient. If the answer is none, this must be indicated on the profile.
  
- (5.7.4) Upon receipt of a new prescription, a pharmacist or pharmacy intern under the direct supervision of a pharmacist must examine the patient's profile record before dispensing the medication to determine the possibility of a harmful drug interaction or reaction. Upon recognizing a potential harmful reaction or interaction, the pharmacist shall take appropriate action to avoid or minimize the problem, which shall, if necessary, include consultation with the physician.
  
- (5.7.5) A patient profile record must be maintained for a period of not less than one year from the date of the last entry in the profile record unless it is also used as a dispensing record.

20. 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)

- 21. Have any of the officers/owners or pharmacists ever been convicted, fined, or had a license revoked for a violation of pharmacy or drug laws?  
Yes  No
- 22. Have any of the officers, owners, or pharmacists ever applied for a pharmacy permit or controlled substances registration in any State and had the application denied?  
Yes  No
- 23. Have any of the officers, owners, or pharmacists been convicted of a felony or are they presently charged with the commission of a felony?  
Yes  No

If the answer to any of the above questions is yes, explain in detail. (Use separate sheet, if necessary.)

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24. List the name, address, date of birth and social security number of each officer, owner and pharmacist:

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25. List the name of the person in the district/corporate office who will be responsible for receiving and forwarding Delaware Board of Pharmacy alerts:

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26. Submit three 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 and security systems. Refer to 24 Del.C. § 2534 and Regulation 3 of the Board's Rules and Regulations available at [www.dpr.delaware.gov](http://www.dpr.delaware.gov) for specific requirements).

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

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 that all the foregoing statements are correct and do hereby agree to abide by the Pharmacy laws of the State of Delaware.

Signature \_\_\_\_\_

(SEAL)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_. Witness my hand and seal hereunto attached.

\_\_\_\_\_

NOTARY PUBLIC

(This permit will expire on the last day of September biennially of even years. Permits are not transferable.)