



CANNON BUILDING  
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STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION

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WEBSITE: WWW.DPR.DELAWARE.GOV

**BOARD OF PHARMACY**  
**APPLICATION FOR PERMIT FOR NON-RESIDENT PHARMACY**

(For Board of Pharmacy Use Only):

\_\_\_\_\_  
Office Apprvl.      App. Needs

No pharmacy located outside this State may ship, mail, or deliver in any manner, any controlled substance or prescription drug to a patient in this State unless first having obtained a permit from the Board of Pharmacy. Title 24 Del C. Chapter 25 must be followed when dispensing for Delaware clients.

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 \_\_\_\_\_

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

Address of Pharmacy: \_\_\_\_\_  
(Include Street and number)

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

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

Required Toll Free Number: \_\_\_\_\_

(According to 24 Del. C. §2540, this number shall appear on the label affixed to each container of drugs dispensed to patients in this State. Include sample label with this application.)

Sample of Label Included      Yes

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

State Controlled Substance Registration Number: \_\_\_\_\_

**1. If corporation, give date of charter, state of corporation and names and titles of all principal corporate officers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. List all unregistered employees (externs, technicians, clerks, aides, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

4. If individually owned, give name, address and phone number of owner:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Each non-resident pharmacy shall designate a registered agent in Delaware for Service of Process. If no registered agent is named, then the Secretary of State of the State of Delaware shall be deemed the lawful representative.

Registered Agent                      Yes                       No

If yes, list name of Delaware Registered Agent: \_\_\_\_\_

Address: \_\_\_\_\_

(Include number and street)

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

Phone Number of Registered Agent: \_\_\_\_\_

If Registered Agent is a Delaware pharmacist, please list Delaware Pharmacist and registration number: \_\_\_\_\_

6. List all pharmacists and their license number for the State in which this non-resident pharmacy is located who are dispensing prescription drugs or controlled substances to residents of this State (or attached list):

Pharmacist-in-Charge: \_\_\_\_\_ License # \_\_\_\_\_

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

7. I understand that I am responsible for conducting and managing the prescription department in compliance with applicable State and Federal laws.

Signature \_\_\_\_\_ Pharmacist-in-Charge

8. A report must be submitted within 30 days after any change of office, corporate officer, or pharmacist occurs.

9. The Board should also be notified about change of registered agent, change of name, change of address, discontinuation of business, or additional business sites.

10. 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.

11. According to 24 Del. C. §2540, a non-resident pharmacy agrees to not less than six (6) days per week, for a minimum of forty (40) hours per week. This requirement is met by above stated hours:

Yes  No

12. According to 24 Del. C. §2540, a non-resident pharmacy must maintain patient profiles in compliance with Delaware Board Regulations and must comply with the Delaware Drug Product Selection Act, 24 Del. C. §2553, and must provide pertinent patient medication information.

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)

- (1) Family name and first name of patient;
- (2) Address of patient and phone number or location in institution;
- (3) Patient's age or date of birth, and gender;
- (4) Original date of dispensing;
- (5) Number or designation for prescription;
- (6) Prescriber's name;
- (7) Name, strength and quantity of drug dispensed. Appropriate directions must also be present if medication is for patients in institutions;
- (8) Initials of dispensing pharmacist and date of dispensing medication as a refill if said initials and date are not recorded on original prescription;
- (9) If patient refuses to give all or part of the required information, the pharmacist shall indicate and initial in the appropriate area;
- (10) Record any allergies and idiosyncrasies of the patient and any chronic conditions or disease states and frequently use over-the-counter medication which may relate to drug utilization as communicated to the pharmacist by the patient. If the answer is none, this must be indicated on the profile.
- (11) Pharmacist comments relevant to the patient's drug therapy, including any other information peculiar to the specific patient or drug.
- (12) Upon receipt of a new prescription, 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. In addition, with each new medication dispensed, an offer to counsel must be provided to the patient or the patient's agent. There must be a record in a uniform place that documents a patient's acceptance or refusal of counseling and who made the offer to counsel.

Include a sample of this documentation.

SAMPLE INCLUDED YES

- (13) 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.

Include a sample patient profile with this application.

SAMPLE INCLUDED YES

13. To Comply with the Delaware Drug Product Selection Act:

USP/DI Current Annual Edition (all volumes and supplements) YES   Year \_\_\_\_\_

or

FDA Approved Drug Products with Therapeutic Equivalence Evaluation (current edition and supplements)

YES   Year \_\_\_\_\_

14. Current Delaware State Laws and Regulations governing Pharmacy Yes

15. Current Federal Regulations covering the Controlled Substances Act and Regulations (If available in another text, purchase is not necessary)

Yes

Check references available for pertinent patient information:

16. A. Drug Interactions:

Facts and Comparisons - Drug Interactions

Drug Interactions

Hansten's Drug Interactions

APhA Evaluation of Drug Interactions

B. Drug Information:

Facts and Comparisons

American Hospital Formulary Service

Pharmindex

17. Medications must be maintained at the USP/NF temperature ranges. Explain briefly procedures used to transport medications that need special handling or temperature monitoring.

18. Prior to being issued a permit, the Non-Resident Pharmacy must provide the Board with a copy of the most recent inspection report and thereafter must provide the Board with inspection reports within 60 days after receipt from the regulatory licensing agency of the State in which it is a resident.

Inspection Report included Yes  Date \_\_\_\_\_

19. 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

20. 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

21. 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.)

**AFFIDAVIT**

22. I certify that this non-resident pharmacy complies with all lawful directions and requests for information from regulatory or licensing agencies of the State in which it is licensed and will comply with all such requests made by the Board pursuant to the Section of conditions of permit for Delaware.
23. I certify that this Non-Resident Pharmacy will maintain its records of prescription drugs dispensed to patients in this State so that the records are readily retrievable from the record of drugs dispensed for other patients.
24. 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, in §§2538, 2539, and 2540 for non resident pharmacies and to the rules and regulations of the Delaware State Board of Pharmacy as applicable to Non-Resident Pharmacies.

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.

Signature \_\_\_\_\_

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

\_\_\_\_\_

Witness my hand and seal hereunto attached.

\_\_\_\_\_  
NOTARY PUBLIC

(According to 24 Del. C. §2531 this permit will expire on the last day of September, biennially, even years. Permits are not transferable.)