MISSOURI NON-RESIDENT PHARMACY PERMIT APPLICATION & INSTRUCTIONS

IMPORTANT INFORMATION:

- Complete this application if you are applying for a new pharmacy permit for a facility that is physically located outside of Missouri. A different application is required if the pharmacy is changing ownership, location, names or adding/removing a permit classification. Forms are available online at http://pr.mo.gov/pharmacists-forms.asp.
- Please allow **4-6 weeks** for your application to be processed.
- The pharmacy's permit number will be reflected on the Board's website within twenty-four (24) hours after the permit number has been issued. The pharmacy's permit will be mailed to the pharmacy's physical address listed on the application. Please allow 5-10 days for mailing.
- Questions regarding this application may be sent to pharmacy@pr.mo.gov or (573) 526-6985 (phone).
- Keep a copy of the completed application for your records.
- **INCOMPLETE APPLICATIONS WILL BE REJECTED.**

You can now apply for a license online via the MOPRO licensing portal.
Visit the Board's website at: https://pr.mo.gov/pharmacists-forms.asp if you would like to file an online application in lieu of a paper application.

OVERVIEW OF NON-RESIDENT PHARMACY PERMIT PROCESS

▶ **STEP 1:**	**Submit a completed Missouri Non-Resident Pharmacy Permit Application**, along with the $ 360.00 application fee.
▶ **STEP 2:**	After your application is processed and approved, the pharmacy's permit number will be issued and reflected on the Board's website within twenty-four (24) hours after issuance. You may begin operating as a Missouri licensed pharmacy once the permit number has been issued and reflected on the Board's website.
▶ **STEP 3:**	The pharmacy permit will be mailed to the pharmacy's address. Please allow 5-10 days for mailing.

Missouri Non-Resident Pharmacy Permit Application

APPLICATION CHECKLIST/INSTRUCTIONS

☐ **Completed and signed application form**. Incomplete applications will be returned for correction.

☐ **Application fee of $360.00** made payable to the Missouri Board of Pharmacy. All fees are deposited upon receipt and are **non-refundable**. A deposited fee does not indicate that the application has been accepted or approved.

☐ **Business Entity State Tax Compliance Form**: A "Business Entity State Tax Compliance Form" is included with this application. This application will not be accepted without a Business Entity State Tax Compliance Form.

☐ **Certificate of No Tax Due**: Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained at http://dor.mo.gov/business/sales/notaxdue/. Questions about obtaining a Certificate of No Tax Due should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*

☐ **State License**: Provide a copy of the applicant's pharmacy license issued by the state where the pharmacy is physically located. You are not eligible for licensure in Missouri if the facility is not licensed as a pharmacy or its equivalent by the state where the facility is located.

☐ **Pharmacist-in-Charge Statement:** The statement must be signed and notarized by the designated pharmacist-in-charge.

☐ **Non-Resident Pharmacy License Verification Affidavit**: An official state license verification must be submitted with this application for the pharmacy (see sample form attached). Other state verification forms are acceptable if issued by your state regulatory agency. An Online primary source verification from the state's official website is also acceptable in lieu of this form if the verification shows disciplinary history.

☐ **Pharmacist License Verification Affidavit**: An official state license verification for the designated pharmacist-in-charge must be submitted with this application (see sample form attached). Other state verification forms are acceptable if issued by your state regulatory agency. An Online primary source verification from the state's official website is also acceptable in lieu of this form if the verification shows disciplinary history.

☐ **Compounding and Internet Activity Statement:** The statement must be completed and signed by an owner or corporate officer.

☐ **Copy of state controlled substance registration**. Not required if your state does not issue a separate controlled substance registration or if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.

☐ **Copy of federal controlled substance registration**. Not required if the applicant will not dispense or distribute controlled substances in Missouri. Check applicable box in Section A of this Application.

☐ **Copy of most recent state pharmacy inspection.** For applicants applying for a sterile compounding permit, the inspection must have occurred within the last **eighteen (18) months.** For all other pharmacy applicants, the inspection must have occurred within the last **twenty-four (24) months**. If a state inspection is unavailable, an inspection by the Missouri Board of Pharmacy or from the Verified Pharmacy Program (VPP) operated by the National Association of State Boards of Pharmacy may be submitted. Alternatively, the Board can accept an equivalent third-party inspection by an entity approved by the Board. Contact the Board office for approval of an inspection entity other than a state agency or NABP inspection.

☐ **Subscribe to Board's electronic newsletter/e-alerts**: The Board provides important regulatory news and licensing updates via its electronic newsletter and specially issued e-alerts. E-alerts include notice of disciplinary actions, including, actions against pharmacy technicians. Sign up for the Board's newsletter and e-alerts online at http://pr.mo.gov/pharmacists-newsletter.asp.

MISSOURI PHARMACY PERMIT
CLASS DEFINITIONS

(The Board's rules & statutes are available at http://pr.mo.gov/pharmacists-rules-statutes.asp)

1. **Class A**: *Community/Ambulatory*. A pharmacy that provides services to the general public (including veterinary).
2. **Class B**: *Hospital Pharmacy*. A hospital as defined in section 197.020 or a clinic or facility under common control, management, or ownership of the same hospital or hospital system. *See Section 338.165, RSMo*.
3. **Class C**: *Long-Term Care*. A pharmacy as defined in section 338.010, RSMo, that dispenses drugs and devices to patients residing in a long-term care facility. A long-term care facility means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients. *See 20 CSR 2220-2.140*.
4. **Class D**: *Non-Sterile Compounding*. A pharmacy that provides non-sterile compounded products as defined in 20 CSR 2220-2.400(1) made from any bulk active ingredient in a batch quantity as defined in 20 CSR 2220-2.400(3).
5. **Class E**: *Radiopharmaceutical*. A pharmacy that is not open to the general public and provides services as defined in section 338.010, RSMo, limited to the preparation and dispensing of radioactive drugs as defined by the food and drug administration (FDA) to health care providers for use in the treatment or diagnosis of disease and that maintains a qualified nuclear pharmacist as the pharmacist-in-charge. *See 20 CSR 2220-2.500*.
6. **Class F**: *Renal Dialysis*: A pharmacy that is not open to the general public whose services are limited to the dispensing of renal dialysis solutions and other drugs and devices associated with dialysis care.
7. **Class G**: *Medical Gas*. A pharmacy that provides services as defined in section 338.010, RSMo, through the provision of oxygen and other prescription gases for therapeutic uses.
8. **Class H**: *Sterile Product Compounding*. A pharmacy that compounds sterile pharmaceuticals as defined by 20 CSR 2220-2.200(F).
9. **Class I**: *Consultant*. A location where any activity defined in section 338.010, RSMo, is conducted, but which does not include the procurement, storage, possession or ownership of any drugs from the location.
10. **Class J**: *Shared Service*. A pharmacy engaged in, or that has an arrangement to provide, functions related to the practice of pharmacy for, or on behalf of, another pharmacy. See 20 CSR 2220-2,650 (Class-J: Shared Services Pharmacy.
11. **Class K**: *Internet*. A pharmacy that provides services as defined in section 338.010, RSMo, and is involved in the receipt, review, preparation, compounding, dispensing or offering for sale any drugs, chemicals, medicines or poisons for any new prescriptions originating from the internet for greater than ninety percent (90%) of the total new prescription volume on any day. A prescription must be provided by a practitioner licensed in the United States authorized by law to prescribe drugs and who has performed a sufficient medical examination and clinical assessment of the patient as required by law.
12. **Class L**: *Veterinary*. A pharmacy that dispenses, sells or provides legend drugs for animal use only. Not required if the pharmacy is applying for a Class A permit. *See 20 CSR 2220-2.675*.
13. **Class M**: *Specialty (Bleeding Disorder)*. A pharmacy that dispenses blood-clotting products to bleeding disorder patients or that offers or advertises to provide blood-clotting products specifically for bleeding disorder patients, as defined by 20 CSR2220-6.100.
14. **Class N**: *Automated Dispensing System (Health Care Facility)*. A pharmacy operating an automated dispensing system within a licensed health care facility. An automated dispensing system includes, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collects, controls, and maintains all transaction information. *See 20 CSR 2220-2.900*.
15. **Class O**: *Automated Dispensing System (Ambulatory Care)*. A pharmacy operating an automated dispensing system for ambulatory patients. Not required if the pharmacy is applying for a Class A permit. An automated dispensing system includes, but is not limited to, a mechanical system that performs operations or activities relative to the storage, packaging or dispensing of medications for patients, and which collects, controls, and maintains all transaction information. See also 20 CSR 2220- 2.900.
16. **Class P:** *Practitioner/Office Clinic*. A pharmacy located in a healthcare practitioner's office or clinic. A pharmacy permit is not required for practitioner office dispensing to his/her own patients. *Final rules not promulgated.*

MISSOURI NON-RESIDENT PHARMACY PERMIT APPLICATION

SUBMIT THIS COMPLETED APPLICATION TO:	FOR OFFICE USE ONLY
MAILING ADDRESS **MISSOURI BOARD OF PHARMACY** P.O. BOX 625 JEFFERSON CITY, MO 65102 OVERNIGHT ADDRESS **MISSOURI BOARD OF PHARMACY** 3605 MISSOURI BOULEVARD JEFFERSON CITY, MO 65109 ✓ SEE INSTRUCTION SHEET FOR COMPLETION OF THIS FORM ✓ **$360.00 APPLICATION FEE. FEE IS NON-REFUNDABLE** ✓ KEEP COPY OF COMPLETED APPLICATION FOR YOUR RECORDS	PRE-LICENSE # PERMIT # ISSUE DATE RECEIVED

SECTION A: PHARMACY INFORMATION

Provide information in this section about the pharmacy. You will only be authorized to operate a pharmacy in Missouri under the name and address listed below.

PHARMACY NAME ***(Provide the official pharmacy name. This name will be shown on the pharmacy's permit)***

PHARMACY DBA NAME ***(If different from Pharmacy Name above)***

PHARMACY ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

PHARMACY TELEPHONE #	**PHARMACY FAX #**	**PHARMACY E-MAIL ADDRESS**

PHARMACY FEDERAL EMPLOYER ID NUMBER (FEIN)	**MISSOURI SEC. OF STATE BUSINESS REGISTRATION #** *(If applicable)*

PHARMACY WEBSITE (IF APPLICABLE)

PHARMACIST-IN-CHARGE**:** *Pharmacy operations must be conducted at all times under the supervision of a properly designated pharmacist-in-charge. The attached Pharmacist-in-Charge Statement must be submitted with this application.*

NAME OF DESIGNATED PHARMACIST-IN-CHARGE	**PHARMACIST LICENSE #**

PHARMACY CLASSIFICATION

The pharmacy is applying for the following permit classes (check ALL that apply) (see instructions for definitions):

- ☐ **Class A (Community/Ambulatory)**
- ☐ **Class B (Hospital Pharmacy)**
- ☐ **Class C (Long-Term Care)**
- ☐ **Class D (Non-Sterile Compounding)**
- ☐ **Class E (Radio Pharmaceutical)**
- ☐ **Class F (Renal Dialysis)**
- ☐ **Class G (Medical Gas)**
- ☐ **Class H (Sterile Product Compounding)**
- ☐ **Class I (Consultant Services)**
- ☐ **Class J (Shared Services) **Class J Questionnaire must be completed & attached****
- ☐ **Class K (Internet)**
- ☐ **Class L (Veterinary)**
- ☐ **Class M (Specialty Bleeding Disorder)**
- ☐ **Class N (Automated Dispensing System- Health Care Facility)**
- ☐ **Class O (Automated Dispensing System- Ambulatory Care)**
- ☐ **Class P (Practitioner Office/Clinic)**

Missouri Non-Resident Pharmacy Permit Application

CONTROLLED SUBSTANCES:

Will the pharmacy dispense controlled substances into Missouri? ☐ **YES** ☐ **NO**

If **YES**, copies of the pharmacy's state and federal controlled substance registrations/licenses must be submitted with this application. Check below if the applicable state does not issue a separate controlled substance registration/license

☐ I hereby attest and certify that the pharmacy's licensing state does not issue a separate controlled substance registration. I further certify the pharmacy identified above is legally authorized to dispense, procure, possess or store controlled substances at the address designated herein. *Proof of state controlled substance registration is not required if checked.*

☐ ☐

SECTION B: OWNERSHIP INFORMATION

*Provide ownership information for the pharmacy. The owner listed below will be deemed the **official permit holder** of record that is authorized to operate the pharmacy identified in Section A.*

OWNER NAME (ENTITY/INDIVIDUAL)

ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

TELEPHONE #	**FAX #**	**E-MAIL ADDRESS**

OWNER TYPE:

THE ABOVE OWNER IS A:

☐ Individual/Sole Proprietorship ☐ Corporation ☐ LLC ☐ LP/LLP ☐ Partnership ☐ Government/Tribal Agency

☐ Other_____

OFFICIAL MAILING ADDRESS: *This address will be used as the mailing address for official Board communications, including, legal notices. Note: Renewal notices will be mailed to the pharmacy's physical address.*

OFFICIAL MAILING ADDRESS **(STREET)** **(CITY)** **(STATE)** **(ZIP)**

List the name of all officers, owners, partners or members for the owner listed above. If the owner is a government or tribal agency, list the names of any agency managers or directors connected with the applicant. Attach a separate sheet if necessary.

NAME	TITLE	ADDRESS	SSN

Provide the following information for any individual, sole proprietor, partner, corporation or other entity owning more than 25% of the owner. Attach a separate sheet if necessary.

NAME	ADDRESS	SSN (If applicable)	% OWNED

SECTION C: CHARGES, CONVICTIONS, DISCIPLINARY ACTIONS AND STATUS

Answer all questions in this section. If you answer "yes" to any question, a detailed written explanation must be included with your application (*attach additional sheets if necessary*). Failure to include an explanation or to answer all of the questions will result in your application being rejected. If you are in doubt, answer "yes" and provide an explanation.

- **SUSPENDED IMPOSITION OF SENTENCE/SUSPENDED EXECUTION OF SENTENCE:** You are required to answer "yes" to the criminal history questions and to provide an explanation even if a Suspended Imposition of Sentence ("SIS") or Suspended Execution of Sentence ("SES") has been received. An attorney may advise you that you do not have to report SIS or SES information. However, the Board has access to both SIS and SES records. You must answer "yes" even if you received a SIS or a SES.
- If you answer "yes" to any of the criminal history questions, you must provide court documents that show the dates, charges and dispositions of your arrests/convictions. This typically includes copies of the charging document (complaint, indictment), the Judgment and Sentence and any other documents showing the disposition of your case.
- *338.185, RSMo, provides: "After August 28, 1990, notwithstanding any other provisions of law, the board of pharmacy shall have access to records involving an applicant for a license or permit or renewal of a license or permit as provided within this chapter, where the applicant has been adjudicated and found guilty or entered a plea of guilty or nolo contendere in a prosecution under the laws of any state or of the United States for any offense reasonably related to the qualifications, functions, or duties of any profession licensed or regulated under this chapter, for any offense an essential element of which is fraud, dishonesty or an act of violence or for any offense involving moral turpitude, whether or not sentence is imposed."*

1. Has any owner, partner, officer or the pharmacist-in-charge ever been found guilty or entered a plea of guilty or nolo contendere to a felony or misdemeanor in Missouri or in any other state, country or court (including federal court)? ☐ YES ☐ NO

2. Does any owner, partner, officer or the pharmacist-in-charge currently have any felony or misdemeanor criminal charges pending against them in Missouri or in any other state, country or court (including federal court)? ☐ YES ☐ NO

3. Has any owner, partner, officer or the pharmacist-in-charge ever received a Suspended Imposition of Sentence (SIS) or Suspended Execution of Sentence (SES) (felony or misdemeanor) in any criminal prosecution in Missouri or in any other state, country or court (including federal court)? ☐ YES ☐ NO

4. Has any owner, partner, officer or the pharmacist-in-charge ever been found guilty of or entered a plea of guilty or nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol in any state, country or court (including a municipal court) whether or not sentence was imposed (SIS) or a suspended execution of sentence (SES) was received? ☐ YES ☐ NO

5. Has any owner, partner, officer or the pharmacist-in-charge ever been, or is now, addicted to any drugs, controlled substances or alcoholic beverages? ☐ YES ☐ NO

6. Has any owner, partner, officer or the pharmacist-in-charge ever had an application for a pharmacy technician, pharmacist, pharmacy intern, pharmacy, drug distributor or any other healthcare registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? *(If yes, copies of any denial/refusal/disciplinary documents must be provided)* ☐ YES ☐ NO

7. Has any owner, partner, officer or the pharmacist-in-charge ever had any controlled substance registration, license, permit, or certificate denied, disciplined or refused in this state, or any other state or country? *(If yes, copies of any denial/refusal/disciplinary documents must be provided)* ☐ YES ☐ NO

8. Has any owner, partner, officer or the pharmacist-in-charge ever been adjudged insane or incompetent by or in any state, country or court? ☐ YES ☐ NO

SECTION D: TAX COMPLIANCE

Missouri law requires that the Board verify compliance with designated state sales and withholding tax laws before issuing certain professional licenses or permits that are required to conduct business in this state. Except as otherwise provided below, this application will not be processed unless you provide:

- ☐ **Business Entity State Tax Compliance Form** (attached to this application)**.**
- ☐ **A Certificate of No Tax Due** *(required for businesses that engage in retail sales other than prescriptions)***.** Missouri law requires that any business being licensed by the state must provide a Certificate of No Tax Due from the Missouri Department of Revenue if the business engages in retail sales other than prescriptions. Certificates may be obtained online at http://dor.mo.gov/business/sales/notaxdue/. Questions about obtaining a Certificate should be addressed to the Missouri Department of Revenue at (573) 751-9268. *Note: A Certificate is not required if the Business Entity State Tax Compliance Form is marked to identify that the applicant does not engage in the sale of goods at retail.*

Individuals/Sole Proprietors must also complete the following:

PURSUANT TO SECTION 324.010, RSMo:

Were you a Missouri resident in any of the last 3 years? ☐ YES ☐ NO

Did you have Missouri income in any of the last 3 years? ☐ YES ☐ NO

Were you subject to any Missouri income tax in any of the last 3 years? ☐ YES ☐ NO

All tax questions must be completed. False statements are subject to criminal penalties and/or license discipline. Questions regarding income taxes should be sent to the Department of Revenue at (573) 751-7200 or e-mailed to income@dor.mo.gov.

MILITARY BENEFITS/SERVICE

Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable? ☐ YES ☐ NO

Would you like to receive information and assistance regarding veterans benefits and services? ☐ YES ☐ NO

May the agency share your contact information with the Missouri Veterans Commission to provide such information?

General information may also be found on the Missouri Veterans Commission's website https://mvc.dps.mo.gov/.

☐ YES ☐ NO

Missouri Non-Resident Pharmacy Permit Application

SECTION F: APPLICATION CONTACT PERSON

Please provide a contact person for questions from the Board office regarding this license application.

CONTACT NAME			**POSITION/TITLE**	
CONTACT MAILING ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
CONTACT TELEPHONE #			**CONTACT FAX #**	
CONTACT E-MAIL ADDRESS				

SECTION E: APPLICANT AFFIDAVIT

*This affidavit **must be signed by a partner, corporate officer, or the sole proprietor named in this application**. Alternatively, the application may be signed by **a person with a designated power of attorney** who is authorized to sign and submit this application on the pharmacy's behalf. Proof of the designated power of attorney must be submitted with this application.*

This application is hereby submitted on behalf of the pharmacy identified herein. I attest the foregoing application has been completed truthfully and accurately to the best of my knowledge and belief. I am making this affidavit knowing that any false statements or material omission may subject me or the entity identified herein to criminal penalties for making a false affidavit under Section 575.050, RSMo.

I understand that the applicant/pharmacy must comply with all applicable federal and state law(s) as well as the regulations of the Missouri Board of Pharmacy. I attest and understand that the pharmacy shall maintain a pharmacist-in-charge for the facility and such pharmacy shall be conducted and operated in full compliance with state and federal pharmacy, controlled substance and drug distributor laws and regulations. I hereby certify under penalty of perjury that the information and answers contained in this application and any attachments are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT	**TITLE**
PRINT NAME	**DATE**

Missouri Division of Professional Registration

MISSOURI BOARD OF PHARMACY

BUSINESS ENTITY STATE TAX COMPLIANCE FORM

Missouri state law requires that businesses engaged in the retail sale of goods must possess a No Tax Due letter from the Department of Revenue at the time of licensing. Section 114.083.4 RSMo. states:

> In addition to the provisions of subsection 2 of this section, beginning January 1, 2009, **the possession of a statement from the department of revenue stating no tax is due under sections 143.191 to 143.265, RSMo, or sections 144.010 to 144.510 shall also be a prerequisite to the issuance or renewal of** any city or county occupation license or **any state license required for conducting any business where goods are sold at retail**. The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the city or county license.

You may obtain a tax clearance letter by visiting http://dor.mo.gov/tax/business/sales/notaxdue/index.htm, e-mailing mailto:taxclearance@dor.mo.gov, or calling the Department of Revenue at (573) 751-9268.

Compliance Statement

PLEASE SELECT ONE OF THE FOLLOWING:

☐ This business engages in the sale of goods at retail and has filed and paid all of its sales tax obligations. Please provide a copy of your Missouri No Tax Due compliance letter or provide your 8-digit Missouri state tax ID number below.
Missouri state tax number _____

☐ This business does not engage in the sale of goods at retail (other than prescriptions).

WARNING: Statements made on this form are subject to audit. A false statement on this form subjects the license to discipline. Any person who makes a false statement on this form, and the business for which the false statement is made, are subject to criminal penalties for misleading a public servant. § 575.060 RSMo.

Name of Entity:_____

Signature:_____ Title: _____
(Owner, President, Partner)

Print Name:_____ Date: _____

Missouri Non-Resident Pharmacy Permit Application

PHARMACIST-IN-CHARGE (PIC) STATEMENT
(MUST BE COMPLETED BY THE DESIGNATED PHARMACIST-IN-CHARGE)

PHARMACY NAME				
PHARMACY ADDRESS	**(STREET)**	**(CITY)**	**(STATE)**	**(ZIP)**
DESIGNATED PHARMACIST-IN-CHARGE NAME		**PHARMACIST LICENSE #**		
DESIGNATED PHARMACIST-IN-CHARGE E-MAIL ADDRESS				

ATTESTATION

I_____do solemnly swear or affirm that I am a licensed pharmacist in the state of _____holding license number_____.

1. I agree that I will serve as the pharmacist-in-charge of the pharmacy identified in this application. ☐ YES
2. I understand that the permit will be issued to the applicant with my name appearing as pharmacist-in-charge. ☐ YES
3. I understand that I am personally responsible for ensuring the pharmacy's compliance with all applicable state and federal law governing the practice of pharmacy, controlled substances and drug distribution. ☐ YES
4. If my designation as pharmacist-in-charge is ended/changed for any reason, I will immediately notify the Missouri Board of Pharmacy. ☐ YES

All this I affirm under penalty of perjury.

MUST BE SIGNED IN THE PRESENCE OF A NOTARY

SIGNATURE OF PROPOSED PHARMACIST-IN-CHARGE	PHARMACIST LICENSE #	
PRINT NAME	DATE SIGNED	
NOTARY PUBLIC EMBOSSER OF BLACK INK RUBBER SEAL STAMP	STATE SUBSCRIBED AND SWORN BEFORE ME, THIS _____DAY OF_____YEAR _____	COUNTY (OR CITY OF ST. LOUIS)

MISSOURI BOARD OF PHARMACY NON-RESIDENT PHARMACY COMPOUNDING AND INTERNET ACTIVITY STATEMENT

COMPOUNDING:

Missouri regulations pertaining to compounding include **20 CSR 2220-2.200 Sterile Compounding** and **20 CSR 2220-2.400 Compounding Standards of Practice**. Both regulations can be found in their entirety here.

Missouri regulation prohibits:

- the compounding of a preparation that is a copy or essentially a copy of a commercially available product. See 20 CSR 2220-2.400(9).
- the distribution of human compounded preparations to other pharmacies, practitioners, hospitals, clinics, drug distributors or other entities. A pharmacy cannot distribute human compounded preparations for "office use" or "office stock" but must be in receipt of a valid patient-specific prescription prior to dispensing the preparation. There is an exemption for veterinary office stock compounding. *S*ee 20 CSR 2220-2.400(12)(13).

20 CSR 2220-2.200 Sterile Compounding differs from USP Chapter 797. For non-sterile to sterile compounding, see 20 CSR 2220-2.200(13)(14) for end-preparation testing requirements.

☐ Yes, I have read Missouri regulations 20 CSR 2220-2.200 and 20 CSR 2220-2.400 and intend to comply with them.

INTERNET ACTIVITY:

Missouri regulation **20 CSR 2220-2.020 (11) Pharmacy Permits** states:

> ***Prescriptions processed by any classification of licensed pharmacy must be provided by a practitioner licensed in the United States, authorized by law to prescribe drugs, and who has performed a medical evaluation of the patient as required by law. A pharmacist shall not dispense a prescription drug if the pharmacist has knowledge, or reasonably should know under the circumstances, that the prescription order for such drug was issued on the basis of an Internet-based questionnaire or without a valid pre-existing patient-practitioner relationship.***

Telehealth activity is also covered under Missouri statutes, 191.1145 and 191.1146.

☐ Yes, I have read Missouri regulation 20 CSR 2220-2.020 (11), statutes 191.1145 & 191.1146, and intend to comply with them.

CORPORATE OFFICER SIGNATURE: _____

PRINT APPLICANT NAME: _____

DATE: _____

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

PHARMACY LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

   ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. PHARMACY DBA NAME	PERMIT NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. APPLICANT NAME (CORPORATION, PARTNERSHIP, SOLE PROPRIETOR, LLC, LLP)

4. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

5. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	6. PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE			
☐ YES ☐ NO	☐ REVOKED	☐ SUSPENDED	☐ PROBATION	☐ CENSURE
	☐ LIMITED	☐ RESTRICTED	☐ SURRENDERED	

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

ATTACH COPY OF MOST RECENT INSPECTION REPORT CONDUCTED BY HOME STATE BOARD OF PHARMACY

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:**
	Please return completed form to the applicant for submission with the application.

SIGNATURE	TITLE	STATE	DATE

MAILING ADDRESS:
MISSOURI BOARD OF PHARMACY
P.O. BOX 625
JEFFERSON CITY, MO 65102
(573) 751-0091

DELIVERY ADDRESS:
3605 MISSOURI BOULEVARD
JEFFERSON CITY, MO 65109

STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION

PHARMACIST LICENSE VERIFICATION AFFIDAVIT

APPLICANT

1. Complete items 1-6 only. The remaining portion of the form should be completed by your regulatory licensing agency. An Online primary source verification from the state's official website is acceptable in lieu of this form if the verification shows disciplinary history.
2. Forward the forms to the licensing agency for the state in which you are located. Check with that agency for verification of fee charges.
3. DO NOT RETURN the forms to the Missouri Board of Pharmacy unless they have been completed by the state in which you are located.

ORIGINALS ARE REQUIRED WITH BOARD SEAL – COPIES WILL NOT BE ACCEPTED

1. PHARMACIST-IN-CHARGE NAME	LICENSE NUMBER

2. ADDRESS (STREET, CITY, STATE, ZIP CODE)

3. PHARMACY DBA NAME

4. PHARMACY DBA ADDRESS

5. I HEREBY AUTHORIZE THE _____ *(STATE TO WHICH SENDING FORM)* TO FURNISH TO THE MISSOURI BOARD OF PHARMACY THE INFORMATION REQUESTED BELOW.

6. SIGNATURE OF SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER OF APPLICANT	PRINT NAME

DO NOT WRITE BELOW THIS LINE - FOR LICENSING AGENCY ONLY

LICENSE NUMBER	LICENSE STATUS	DATE LICENSE ISSUED	DATE LICENSE EXPIRES

HAS THIS LICENSE BEEN DISCIPLINED IN ANY WAY?	TYPE OF DISCIPLINE
☐ YES ☐ NO	☐ REVOKED ☐ SUSPENDED ☐ PROBATION ☐ CENSURE ☐ LIMITED ☐ RESTRICTED ☐ SURRENDERED

ATTACH CERTIFIED COPIES OF ALL PERTINENT LEGAL DOCUMENTS

BOARD SEAL AREA *(AFFIX OFFICIAL STATE SEAL OF LICENSING AGENCY BELOW)*	**RETURN COMPLETED FORM TO:** ***Please return completed form to the applicant for submission with the application.***

SIGNATURE	TITLE	STATE	DATE