TEXAS STATE BOARD OF PHARMACY
333 Guadalupe Street Suite 3-500 ★ Austin, TX 78701
(512) 305-8000 ★ www.pharmacy.texas.gov

TEXAS PHARMACY LICENSE APPLICATION
Clinic Pharmacy (Class D) Information Form

FOR TSBP USE ONLY				Reserved for TSBP USE ONLY
File #	App #	Entity #	Trans Code#	
Amount Rcv'd	License #	AFL Date		

1 TYPE OF APPLICATION AND FEE CALCULATION

☐ Check here if you are applying for a **NEW PHARMACY** and indicate the Anticipated Opening Date:

☐ Check here if you are applying for a **CHANGE OF OWNERSHIP** and list the requested information below

Effective Date of the Change of Ownership: _____ Current Pharmacy License #: _____

Name of Previous Pharmacy Owner _____

Name of Pharmacy (as listed on license) _____

Street Address _____

City/State/Zip _____

ALL Applications must be enclosed with a check or money order made payable to the Texas State Board of Pharmacy.*
Use the column to the right to calculate the fee for the application.

Pharmacy Application Fee $507.00
Number of Balances/Scales _____ X $25.00 ea $ _____
Total DUE $ _____

IMPORTANT INFORMATION FOR GOVERNMENT OWNED CLINIC (CLASS D) PHARMACIES

*Per Board Rule 291.93, "A pharmacy operated by the state or local government that qualifies for a Class D license is NOT required to pay a fee to obtain a license." **Do NOT submit a fee if the clinic is going to be owned/operated by a state or local government entity.**

2 PHARMACY INFORMATION

A Name of Pharmacy Owner/Legal Name of Pharmacy (i.e. Name of Corporation, LLC, Partnership or Sole Proprietorship)

B Business Name of Pharmacy (i.e. Name to be listed on license, prescription labels, advertisements, etc.)

C Physical Address of Pharmacy

Street Address

City State Zip

3 PHARMACY CONTACT INFORMATION

Phone Number		Email Address	
Fax Number		Web Address	

4 Type of Ownership

☐ Sole Proprietorship/Individual ☐ Corporation (Includes Non-Profit)
☐ Partnership ☐ Government
☐ Limited Liability Company ☐ Other (specify) _____

5 Type of Pharmacy

☐ Public Health
☐ Other (Specify): _____

6 Hours of Operation

8 Description of Services – Check all that apply.
If you do not see a service below that applies for your pharmacy, submit a detailed statement that outlines the services your pharmacy will provide.

☐ Alternative Visitation Schedule ☐ Expanded Formulary ☐ Home Delivery ☐ Outpatient Prescriptions
☐ Other (Specify): _____

By my signature, I acknowledge that I am in the Pharmacist-in-Charge of this Pharmacy and attest that I have read and understand the laws and rules relating to this class of pharmacy. **THIS SIGNATURE MUST BE NOTARIZED.**

Print or Type Name of Pharmacist in Charge _____ License # _____

Subscribed and sworn to before me this _____ Day Of _____, 20 _____

Signature of Pharmacist in Charge _____ Date _____ Notary Public _____

Clinic Pharmacy (Class D) Information Form, continued

NOTICE: A Class D pharmacy license shall not be issued to a physician's office. Texas State Board of Pharmacy Rules define Clinic Pharmacy (Class D) as a facility/location other than a physician's office, where limited types of dangerous drugs or devices restricted to those listed in and approved for the clinic's formulary are stored, administered, provided, or dispensed to outpatients. (e.g. planned parenthood, public health). See Board Rule 291.93.

9 List of Staff Pharmacist and Pharmacy Technicians (Attach a list if additional room is needed)

Name	License/Registration #	Name	License/Registration #

10 Provide the Following Information for the Class D Clinic:

A) Provide the Name and Texas License Number for the Medical Director

Name of Medical Director: _____

Texas License Number: _____

B) Attach a copy of the Pharmacy's Policy and Procedure Manual which must include the clinic's drug formulary, if requesting permission to maintain an expanded formulary or an alternative visitation schedule. See Board Rule 291.93.

11 THE OWNER OR ONE OF THE MANAGING OFFICERS MUST ANSWER THE FOLLOWING QUESTIONS:

1 Has the pharmacy or the corporation, partnership, or other entity that owns the pharmacy been the subject of **ANY** professional disciplinary action or are any such actions pending against this entity by a regulatory authority? (e.g., surrender, revocation, reinstatement, suspension, fine, probation, restriction.) Include such information for **all** states, including Texas, and for all regulated professions. ☐ Yes ☐ No

2 Has the pharmacy or the corporation, partnership, or other entity that owns the pharmacy been subject to court ordered probation as related to any offense? ☐ Yes ☐ No

If you answered "YES" to Question 1 and/or Question 2, include the name of the Board, licensing or disciplinary authority, and the date of the order, and, if applicable, the date of the termination of the conditions and/or probation:

3 Are the customer service areas of the pharmacy accessible to disabled persons, as defined by federal law? ☐ Yes ☐ No

4 Does the pharmacy provide translating services for customers, including translating services for a person with impairment of hearing? If yes, what type of translating services does the pharmacy provide? (Check all that apply) ☐ Yes ☐ No

- ☐ Spanish
- ☐ Vietnamese
- ☐ Telecommunication Device for the Deaf (TDD)
- ☐ American Sign Language
- ☐ AT&T Translating Service
- ☐ Other: _____

5 Does this Pharmacy participate in the Texas Medicaid Program? ☐ Yes ☐ No

Attest: I hereby attest that the foregoing statements on this form or those on any attachment(s) to this form are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatement(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act and Rules. I agree to comply with the Texas Pharmacy Act and Rules. ***THIS SIGNATURE MUST BE NOTARIZED***

_____ _____ Subscribed and sworn before me this _____

Signature of Owner/Managing Officer Date

Day Of _____ ,20 _____

_____ _____

Owner/Managing Officer's Name (Type or Print) Notary Public

NOTICE: According to Texas Occupations Code § 565.0551, the Executive Director of the Texas State Board of Pharmacy may require a license holder to submit a surety bond to the board.