Pharmacy Renewal Application

TEXAS STATE BOARD OF PHARMACY
1801 Congress Ave. Suite 13.100
Austin, TX 78701
(512) 305-8000

License Number: 26534
HIDALGO COUNTY HEALTH AND HUMAN

26534 HIDALGO COUNTY HEALTH AND HUMAN SERVICES
(Date PDF Version Generated: 05/02/2025)

1 NOTE: The license will expire if not renewed before 06/30/2025. A Pharmacy may not operate with an expired license.

RENEWAL FEE IF RECEIVED	06/30/2025	FEE EXEMPT
AFTER	06/30/2025	
AFTER	09/28/2025	

2 Pharmacy Name & Location Address

HIDALGO COUNTY HEALTH AND HUMAN SERVICES
1304 SOUTH 25TH AVE
EDINBURG, TX 78542

Pharmacy Tel. Number: (956) 383-6221
Pharmacy Fax Number:
Web Address:
Email:

3 Pharmacy Class: Clinic

Indicate All Services Provided By This Pharmacy.
Must Indicate At Least One Type of Service

- ☐ 24 Hour Service
- ☐ Alternative Visitation Schedule
- ☐ Closed Door
- ☐ Compounding Sterile, LOW Risk
- ☐ Compounding Sterile, MED Risk
- ☐ Compounding Sterile, HIGH Risk
- ☐ Compounding, Non-Sterile
- ☐ Compounding, Office Use
- ☐ Expanded Formulary
- ☐ Rural Hospital
- ☐ Tech Check Tech
- ☐ Home Delivery
- ☐ Infusion
- ☐ In-Patient Medication Orders
- ☐ Nuclear
- ☐ Outpatient Prescriptions
- ☐ Outpatient Surgery
- ☐ Pharmacist Administered Immunizations
- ☐ Shipping Prescriptions Out-of-State
- ☐ Veterinary Prescriptions
- ☐ 503b Outsourcing Facility
- ☐ Other (specify) _____

Pharmacy Type: Public Health
Indicate Pharmacy Type

- ☐ Community Independent
- ☐ Community Multi
- ☐ Hospital (Independent)
- ☐ Hospital (Multiple/Chain)
- ☐ Ambulatory Surgical Center
- ☐ Public Health
- ☐ Other (specify) _____

4 Name and Address of Individual Owner, Partnership or Corporation: **Ownership Type:** Government

HIDALGO COUNTY HEALTH & HUMAN

5 Ownership information for all owners, partners, or managing officers:

See attached page.

6 Name of Pharmacist In Charge: CASTRO, DAVID MAX

License Number: 26911

7 Other Pharmacists and Technicians:

See attached page.

Owners: HIDALGO COUNTY HEALTH AND HUMAN SERVICES

License Number - If applicable	Title	Name
	OFFICER	OLIVAREZ, EDUARDO
	OWNER	HIDALGO COUNTY HEALTH & HUMAN

Other Pharmacists and Technicians: HIDALGO COUNTY HEALTH AND HUMAN SERVICES

Pharmacists

License Number	Last Name	First Name	Middle Name
26911	CASTRO	DAVID	MAX

Technicians

License Number	Last Name	First Name	Middle Name

PHARMACY (FACILITY) RENEWAL APPLICATION FORM
Failure to Supply Any Requested Information Will Delay Processing This Application

1	Has the pharmacy, the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership) been the subject of any professional disciplinary action or are there any such pending actions by a regulatory authority within the last 36 months? (Examples: denial, surrender, revocation, reinstatement, suspension, fine, reprimand, probation, restriction). Include such information for all states, including Texas, and for all regulated professions. ***If the answer is "yes" to Question #1, 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 condition and/or probation.**	☐ YES*	☐ NO
2	For any criminal offense, including those pending appeal and those dismissed, has the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership), within the last 36 months:		
	A. been arrested?	☐ YES*	☐ NO
	B. been charged with a crime but not arrested?	☐ YES*	☐ NO
	C. pled nolo contendere?	☐ YES*	☐ NO
	D. pled guilty?	☐ YES*	☐ NO
	E. received deferred adjudication for a misdemeanor?	☐ YES*	☐ NO
	F. received deferred adjudication for a felony?	☐ YES*	☐ NO
	G. been convicted of a misdemeanor?	☐ YES*	☐ NO
	H. been convicted of a felony?	☐ YES*	☐ NO
	***In answering Questions #2A – H, include all offenses, even those for which you were subject to deferred adjudication. (Examples: assault, theft, theft by check, driving while license suspended, possession of controlled substances, public intoxication, DWI, driving under the influence of drugs).**		
3	Has the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership), been subject to a court ordered probation or confinement as related to any offense within the last 36 months?	☐ YES*	☐ NO
4	Has the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership), served time in prison for any offense within the last 36 months?	☐ YES*	☐ NO
5	Has the pharmacy's owner, or any officer or partner (if the pharmacy is owned by a corporation or partnership), been convicted of a drug or alcohol related offense, or been subject to a deferred adjudication for this offense (Examples: possession of controlled substances, public intoxication, DWI, driving under the influence of drugs) within the last 36 months? ***If the answer is "yes" to Questions #3-5, include the name and location of the court, the offense charged, a brief explanation of the offense, the date of action, and, if applicable, the date that probation or confinement ended. Response must indicate the name of the person who was the subject of the disciplinary action.**	☐ YES*	☐ NO
6	Is the pharmacy's owner or any other officer or partner a registered sex offender or have ever been required to register as a sex offender in Texas or any other state? **If the answer is "yes" to Question #6, provide the date the individual became a registered sex offender and the state in which the individual was registered. If no longer a registered offender, list the date the registration was terminated.**	☐ YES*	☐ NO
7	Are the customer service areas of the Pharmacy accessible to disabled persons, as defined by federal law?	☐ YES	☐ NO
8	Does the Pharmacy provide Spanish translating services for customers?	☐ YES	☐ NO
9	Does the Pharmacy provide Vietnamese translating services for customers?	☐ YES	☐ NO
10	Does the Pharmacy provide a Telecommunication Device for the Deaf (TDD) for a person with impairment of hearing, for customers?	☐ YES	☐ NO
11	Does the Pharmacy provide American Sign Language translating services for a person with impairment of hearing, for customers?	☐ YES	☐ NO
12	Does the Pharmacy provide AT&T translating services for customers?	☐ YES	☐ NO
13	Does the Pharmacy provide any other type of translating services for customers other than those mentioned above?	☐ YES	☐ NO
14	Does the 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. I agree to comply with the Texas Pharmacy Act and Rules.

_____ _____

Signature of Owner / Managing Officer Date

_____

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

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TEXAS PHARMACY LICENSE APPLICATION

Sworn Disclosure Statement

Complete all boxes to qualify for a pharmacy license. If not applicable, indicate with "N/A." All information provided is considered confidential and is not subject to disclosure under Chapter 552, Government Code.

According to Section 560.0521 of the Texas Pharmacy Act, a sworn disclosure statement is not required if the pharmacy is:

- ☐ Operated by a Publicly Traded Company. Alternatively, provide a copy of page 1 of the company's 10-K SEC filing.
- ☐ Wholly owned by a Retail Grocery Store Chain. Alternatively, provide a written statement attesting to such.
- ☐ Applying as a Class B, Class C, or C-S Pharmacy.

In accordance with Section 1.002 of the Texas Business Organizations Code, person is defined as "an individual or a corporation, partnership, limited liability company, business trust, trust, association, or other organization, estate, government or governmental subdivision or agency, or other legal entity, or a series of a domestic limited liability company or foreign entity."

IMPORTANT: A pharmacy applicant shall notify the board not later than the 60th day after the date of any administrative sanction or criminal penalty is imposed against a person listed below.

Section 1: Provide the name and address of the pharmacy. The information provided below must match Box 2 of the Pharmacy Information Form.

Legal Name of Pharmacy / Name of Pharmacy Owner		Pharmacy License Number (if application for existing pharmacy)
Business Name of Pharmacy		
Physical Address of Pharmacy (include Suite Number, if applicable)		
Street Address		
City	**State**	**Zip/Postal Code**

Section 2: List the names of each person who has a financial investment in the pharmacy. Provide either the total amount or percentage of the financial amount made by each person listed below. Attach a separate list, if necessary.

Name of each Person	Total or Percent Invested

Section 3: List the names of each person who is connected to the pharmacy as any of the following: partner, officer, director, managing employee, owner, or person who controls the owner. Attach a separate list, if necessary.

Name of each Person	Title / Relation to Pharmacy

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Section 4: List the names of each person who acts a controlling person of the pharmacy through the exercise of direct or indirect control over the management of the pharmacy, the expenditure of money by the pharmacy, or a policy of the pharmacy, including: a management company, landlord, marketing company or other similar person who operates or contracts for the operation of a pharmacy. Attach a separate list, if necessary.

Name of each Person	Title / Relation to Pharmacy

Section 5: List the names of each individual who has personal, familiar, or other relationship with an owner, manager, landlord, tenant, or provider of a pharmacy that allows the individual to exercise actual control of the pharmacy. Attach a separate list, if necessary.

Name of Individual	Title / Relation to Pharmacy

ATTEST: I hereby attest that the foregoing statements and 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. I agree to comply with the Texas Pharmacy Act, Board rules and any applicable federal and state pharmacy law.

THIS SIGNATURE MUST BE NOTARIZED:

_____ _____
Signature of Owner / Managing Officer Date

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

Subscribed and sworn to before me this _____ day of _____, 20 _____

_____
Notary Public