



**State of New Hampshire  
Board of Pharmacy**  
57 Regional Drive  
Concord, NH 03301-8518  
Tel.: (603) 271-2350 Fax: (603) 271-2856  
Website: www.nh.gov/pharmacy/

<b>REGISTRATION FEE:</b> <b>\$300.</b> Submit with Check or Money Order Payable To: <i>Treasurer, State of New Hampshire</i>
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## NON-RESIDENT / MAIL-ORDER PHARMACY APPLICATION FOR PERMIT APRIL 1, 2010 – MARCH 31, 2011 REGISTRATION PERIOD

Pharmacy Name		
Pharmacy Street Address		
City	State	Zip Code
Direct Telephone Line To Pharmacist (For Board Inquiries) ( )	Pharmacy Fax Number ( )	Toll-Free Phone Number For Use By NH Residents ( )
Pharmacy E-Mail Address (If Applicable)		Pharmacy Web Page Address (If Applicable)

<b>Resident State Pharmacy License/Registration</b> <b>(Attach Copy To This Form)</b>	<b>Resident State Controlled Substance Registration (If Applicable)</b> <b>(Attach Copy To This Form)</b>	<b>DEA Registration (If Shipping Controlled Drugs)</b> <b>(Attach Copy To This Form)</b>
Number:                      Exp. Date:	Number:                      Exp. Date:	Number:                      Exp. Date:

Name Of Pharmacist-In-Charge	Pharmacist License Number	State Of Issue
Pharmacy Hours Monday -Friday (Open – Close):	Saturday (Open – Close):	Sunday (Open – Close):
Hours Toll-Free Telephone Service Is Available Monday -Friday (Open – Close):	Saturday (Open – Close):	Sunday (Open – Close):

Type Of Ownership	
<input type="checkbox"/> Individual Owner/Trustee/Receivership <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation / LLC            ⇒ State Of Incorporation:	
Name Of Corporation / Owner	Telephone Number
Corporate / Owner's Mailing Address	
* If a Corporation, <u>attach a copy</u> of the <i>Certificate of Incorporation</i> from the State Where Company is Incorporated.	* If a Limited Liability Company (LLC), Partnership, or Sole Proprietorship, Enter You Federal Tax ID#: _____

List Name, Address, & Title Of Corporate Officers, Partners Or Owner(s) – Or If Necessary, Provide As An Attachment		
Name	Address	Title

Has the license/registration of this pharmacy ever been suspended, revoked, denied, voluntarily surrendered, placed on probation, or otherwise disciplined by any state or federal licensing/regulatory board/agency? <input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> <b>No</b> *If yes, please attach explanation.
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Has any of this applicant's owners, corporate officers, partners or pharmacists been found guilty of any felony in connection with the practice of pharmacy or distribution of drugs? <input type="checkbox"/> <b>Yes*</b> <input type="checkbox"/> <b>No</b> *If yes, please attach explanation.
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Is the pharmacy owned by any individual licensed to prescribe medicine, or does any prescriber (or a prescriber's immediate family member) have a majority/controlling interest in the pharmacy? <input type="checkbox"/> <b>Yes *</b> <input type="checkbox"/> <b>No</b> * If yes, what percentage of the pharmacy/corporation is owned by a prescriber or a prescriber's immediate family member?    _____%
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Has any of this applicant's owners, corporate officers, partners or pharmacists been found guilty of any violation of federal, state, or local drug law or have entered into any agreement to resolve such violations?  Yes\*  No  
\*If yes, please attach explanation.

**ATTACHMENTS: (ALL REQUIRED ATTACHMENTS MUST BE SUBMITTED OR YOUR APPLICATION WILL BE REJECTED)**

As Pharmacist-In-Charge, please confirm/check the following, sign/date this application, and staple attachments to form:

- 1. A list of any and all internet websites from which the mail-order pharmacy solicits business;
- 2. A prescription label, containing the name, address and phone number of the pharmacy, that would be used on finished prescription products mailed to New Hampshire residents;
- 3. One of the following (A [VIPPS Cert.] or B [4 items listed under B]):
  - A. Verified Internet Pharmacy Practice Site™ (VIPPS) accreditation from the National Association of Boards of Pharmacy; OR
  - B. The following materials:
    - 1. At least 2 photographs of the actual existing exterior, including the pharmacy signage, of the building in which the pharmacy will be or is currently located;
    - 2. At least 2 photographs of the prescription department as viewed by an approaching patron;
    - 3. At least 4 photographs of the prescription department as viewed from the interior, showing the prescription compounding area, refrigerator, water facilities, and pharmaceutical inventory storage area; and
    - 4. Scaled drawings of the pharmacy and drug storage area.
- 4. A sample copy of a printed patient medication profile that shall include the following information:
  - A. Name and address of patient;
  - B. Name, address and DEA registration number of the prescriber;
  - C. Name, strength and quantity of drug dispensed;
  - D. Assigned prescription number;
  - E. Date of original filling; and
  - F. Date of refill(s).
- 5. A copy of the pharmacy's current license/registration issued by the Board of Pharmacy or other state regulatory agency where the pharmacy is located (home state) and a copy of your current Federal DEA Registration Certificate (if shipping controlled drugs).
- 6. A copy of the pharmacy's most recent pharmacy inspection report issued by the Board of Pharmacy or other state regulatory agency where the pharmacy is located (home state).

I, \_\_\_\_\_, certify that the contents of this renewal are true and  
*Pharmacist-In-Charge (Printed Name)*

correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- ➔ THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT A SIGNATURE AND DATE OF COMPLETION AND WITHOUT ALL REQUIRED ATTACHMENTS.
- ➔ NO PRESCRIPTION PRODUCTS CAN BE SHIPPED INTO NEW HAMPSHIRE UNTIL A NON-RESIDENT PHARMACY HAS BEEN DULY REGISTERED BY THE BOARD AND NO REGISTRATION SHALL BE GRANTED UNTIL A COMPLETE APPLICATION AND ALL FEES ARE PAID IN FULL.
- ➔ THE NEW HAMPSHIRE LAWS / REGULATIONS REGARDING NON-RESIDENT / MAIL-ORDER PHARMACIES SHIPPING PRESCRIPTION PRODUCTS TO NEW HAMPSHIRE RESIDENTS CAN BE FOUND ONLINE AT:  
[www.nh.gov/pharmacy/laws/documents/mophcy\\_laws\\_rules.pdf](http://www.nh.gov/pharmacy/laws/documents/mophcy_laws_rules.pdf)