

**WYOMING STATE BOARD OF PHARMACY**

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Cheyenne, WY 82002

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**WYOMING NON-RESIDENT RETAIL PHARMACY LICENSE AND/OR CONTROLLED SUBSTANCES REGISTRATION**

**RENEWAL APPLICATION**

July 1 through June 30

Business Name: \_\_\_\_\_

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

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

**Renewal Fees:**

This application is for renewal of your Wyoming Non-Resident Retail Pharmacy License, as well as your Wyoming Controlled Substances Registration. There are separate fees for each. One check, made payable to the Wyoming State Board of Pharmacy, may be issued to pay both renewal fees.

Pharmacy License Renewal Fee (*if postmarked before June 30*) \$300.00

Wyoming Controlled Substances Registration Fee (*if applicable*) \$40.00

*The Pharmacy License Renewal Fee, if postmarked after June 30: \$600.00/\$640.00*

1. Verify all information, edit changed or incorrect information, and provide any missing information. Information may be provided on a separate page, if necessary.
2. Sign and date the renewal application.
3. Submit completed renewal application, appropriate fee, and any attachments to the address given above.

Pharmacy name (DBA): \_\_\_\_\_

Wyoming license number: \_\_\_\_\_

Business name (*if different than above*): \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

Resident state license number: \_\_\_\_\_ *Provide a photocopy, if changed.*

Expiration date: \_\_\_\_\_

Date of last resident state inspection: \_\_\_\_\_ *Provide a photocopy, if changed.*

Pharmacy performs compounding? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes: Sterile \_\_\_\_\_ Non-Sterile \_\_\_\_\_

FEIN Number (Federal Employer Identification Number) \_\_\_\_\_

Pharmacist-in-Charge \_\_\_\_\_ Resident State License No. \_\_\_\_\_

**Please provide a list of owners and pharmacy employees with this renewal.**

*Continued on the reverse.*

### WYOMING CONTROLLED SUBSTANCES REGISTRATION

The Wyoming Controlled Substances Act requires the registration of all pharmacies that dispense controlled substances to residents in Wyoming. **Check the appropriate box if you will dispense controlled substances in Wyoming.**

**Pharmacy Name:** \_\_\_\_\_ **will not** dispense controlled substances to residents in Wyoming.

**Pharmacy Name** \_\_\_\_\_ **will** dispense controlled substances to residents in Wyoming, including controlled Substances prescriptions included in the following schedules:

II    III    IV    V

**Federal DEA Registration Number:** \_\_\_\_\_ **Provide a current copy.**

**Federal DEA Registration Expiration Date:** \_\_\_\_\_

### THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. Since the last renewal, has the applicant or (a) any of applicant's partners, if applicant is a partnership; or (b) any of applicant's corporate officers or directors, if applicant is a corporation; or (c) any members, if applicant is a limited liability company; or (d) any of applicant's employees with access to controlled substances, been convicted of any violation of state or federal law relating to the possession, dispensing, delivery, or distribution of controlled substances or prescription drugs, or are any such criminal charges currently pending?

Yes *(If yes, please provide supporting documentation.)*

No

2. Since the last renewal, has the applicant or (a) any of applicant's partners, if applicant is a partnership; or (b) any of applicant's corporate officers or directors, if applicant is a corporation; or (c) any members, if applicant is a limited liability company had any previous pharmacy license or registration surrendered, revoked, suspended, denied, or is such an action pending?

Yes *(If yes, please provide supporting documentation.)*

No

I hereby apply for renewal of Wyoming Non-Resident Retail Pharmacy licensure for \_\_\_\_\_ to conduct business as a non-resident pharmacy in the State of Wyoming for the period ending June 30 of this application year. The information provided, as well as any attachments, is correct as of the date of this application. I understand that the Wyoming State Board of Pharmacy must be contacted for any of the following: 1) change in name of this pharmacy; 2) change in physical address of this pharmacy; 3) change in ownership of this pharmacy; 4) change in Pharmacist-in-Charge of this pharmacy.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Please print name clearly**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

### For Board Use

Date received: \_\_\_\_\_ Payment amount: \_\_\_\_\_ Check number: \_\_\_\_\_

Renewal cert. mailed: \_\_\_\_\_