

RESIDENT RETAIL PHARMACY APPLICATION

Application Fee: \$150.00
Controlled Substance Registration Fee: \$40.00 *(if you will dispense controlled substances)*

- Make check payable to the Wyoming State Board of Pharmacy.
- License will expire on June 30th of each year.
- Renewal notices will be mailed in April of each year. Renewal fees will be the same as the application fees.

Complete the following. If space is not adequate, use an attachment. Incomplete applications will be returned, delaying your licensure in Wyoming.

Name of Pharmacy (DBA): _____

Name of Business *(if different than above)*: _____

Mailing Address: _____

Physical Address *(if different than above)*: _____

City: _____ Zip code: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Type of Ownership: Individual Partnership Corporation L.L.C.

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

FEIN Number (Federal Employer Identification Number) _____

Names of Owners:

Provide names and addresses of owner(s), if an individual or partnership; names of each corporate officer or director, if a corporation; or names of members, if a limited liability company (you may attach a list):

Pharmacist-In-Charge:

_____ Name _____ Wyoming License Number Full-Time Part-Time

Staff Pharmacists *(you may attach a list):*

_____ Name _____ Wyoming License Number Full-Time Part-Time

_____ Name _____ Wyoming License Number Full-Time Part-Time

_____ Name _____ Wyoming License Number Full-Time Part-Time

Registered Pharmacy Technicians and/or Pharmacy Technicians-in-Training *(you may attach a list):*

_____ Name _____ Wyoming License Number Full-Time Part-Time

_____ Name _____ Wyoming License Number Full-Time Part-Time

_____ Name _____ Wyoming License Number Full-Time Part-Time

Anticipated opening date: _____

Anticipated pharmacy hours: _____

WYOMING CONTROLLED SUBSTANCE REGISTRATION

The Wyoming Controlled Substance Act, 1971, requires the registration of all pharmacies that dispense controlled substances. **Check the appropriate box and include the registration fee of \$40.00 if you will dispense controlled substances.**

Federal DEA Registration Number: _____ **Expiration Date:** _____

(If DEA Registration is pending, enter pending, and submit a copy of the Registration once it is received from the DEA.)

Will dispense controlled substances to residents in Wyoming, including controlled substance prescriptions in the following schedules (*check all applicable schedules*):

II

III

IV

V

Will not dispense controlled substances to residents in Wyoming.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

1. 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 the applicant is a corporation; or (c) any members, if the applicant is a limited liability company; or (d) any of the 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 (*provide specifics on a separate attachment*) No

2. 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 the applicant is a corporation; or (c) any members, if the applicant is a limited liability company, had any previous pharmacy license or registration surrendered, revoked, suspended, denied, or is such an action pending?

Yes (*provide specifics on a separate attachment*) No

3. Is this application for licensure submitted as a result of "change in ownership"?

Yes No

If Yes, indicate current license holder's pharmacy name: _____

and Wyoming license number: _____

and the effective date of this "change in ownership": _____

The Wyoming State Board of Pharmacy must be notified in writing when:

1. There is a change in pharmacist-in-charge (PIC), the Board must be notified within seven (7) days of change. A controlled substance inventory is required at the time of change.
2. There is a change in physical address of the pharmacy, 30 days prior to the move.
3. There is a change in name of the pharmacy.
4. There is a change in ownership. Change of ownership requires reapplication and payment of license fee, 21 days prior to the change of ownership.

Wyoming Law:

The Wyoming Pharmacy Act, the Wyoming Controlled Substances Act, the Wyoming Pharmacy Act Rules and Regulations, and the Wyoming Controlled Substances Act Rules and Regulations can be downloaded from our website:

<http://pharmacyboard.state.wy.us>

I have read the State of Wyoming Pharmacy Act Rules and Regulations, Chapter 2, Section 7, *Minimum Structural and Equipment Requirements to Operate a Retail Pharmacy*; Section 8, *Licensing of Facilities*; and Section 9, *Pharmacist-in-Charge*.

I understand that I must provide a set of blueprints or other acceptable documents that indicate the physical layout of the planned or remodeled pharmacy to the Board no later than thirty (30) calendar days prior to commencing construction or remodeling of the pharmacy.

I understand that a Board of Pharmacy Inspector must inspect new resident retail pharmacy establishments for compliance with the Rules prior to the issuance of a pharmacy license for the new location and that it is my responsibility to contact the Inspector, through the Board office, to schedule the inspection.

I hereby apply for a pharmacy license to conduct business as a resident retail pharmacy in the State of Wyoming for the year ending June 30th. The information provided, as well as any attachments, is correct as of the date of this application.

Signature of Applicant

Date

Printed name of Applicant

Title of Applicant

For Board use only.

Date received: _____ Amount paid: _____ Check number: _____

Inspection Scheduled: _____

Resident pharmacy license number: _____ Wyoming Controlled Substance Number: _____

Date license mailed: _____