



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

APPLICATION INSTRUCTIONS FOR A RESIDENT PHARMACY LICENSE

A new application and fee must be submitted anytime there is:

- 1) A pharmacy opening; 2) a change in name; 3) a change in ownership; and/or 4) a change in location.

Step #1: Complete the Tennessee Board of Pharmacy Application

- Items to be completed and/or submitted with your application:
 1. List of the board of directors, owner(s), partners, or corporate officers
 2. List the Tennessee licensed Pharmacist-in-Charge
 3. List hours of operation
 4. List reference books
 5. Compounding survey

Be sure that the application is signed and all signatures are notarized.

- Please include registration fees:

With Controlled Substances:

\$300 (Registration Fee) + \$10 (Regulatory Fee) + \$40 (Controlled Substance Fee) = **\$350.00**

Without Controlled Substances:

\$300 (Registration Fee) + \$10 (Regulatory Fee) = **\$310.00**

If you are not applying for controlled substances qualification, please also submit the Dispenser Exemption or Waiver Request Form found here:

<https://health.state.tn.us/boards/Controlledsubstance/PDFs/PH-4138.pdf>

All checks and/or money orders should be made out to the Tennessee Board of Pharmacy.

Step #2: Tennessee Rules

- By submitting an application, you indicate that your facility has met all the requirements necessary for licensure. You may access these rules [1140-01-.08] electronically at <http://www.state.tn.us/sos/rules/1140/1140.htm>

It is the Board's policy that all applications still not approved after one (1) year will expire. If you wish to reapply for Pharmacy licensure, you will be required to submit a new application with registration fee.

APPLICATION INSTRUCTIONS FOR A NON-RESIDENT PHARMACY LICENSE

A new application and fee must be submitted anytime there is:

- 1) A pharmacy opening; 2) a change in name; 3) a change in ownership; and/or, 4) a change in location.

Step #1: Complete the Tennessee Board of Pharmacy Application

- Items to be completed and/or submitted with your application:
 1. List of the board of directors, owner(s), partners, or corporate officers
 2. List the Tennessee licensed Pharmacist-in-Charge
 3. List hours of operation
 4. List reference books
 5. A copy of the latest home state inspection
 6. A copy of the home state pharmacy license
 7. A copy of DEA certification (*If applicable*)
 8. Compounding survey

Be sure that the application is signed and all signatures are notarized.

- Please include registration fees:

With Controlled Substances:

\$300 (Registration Fee) + \$10 (Regulatory Fee) + \$40 (Controlled Substance Fee) = **\$350.00**

Without Controlled Substances:

\$300 (Registration Fee) + \$10 (Regulatory Fee) = **\$310.00**

If you are not applying for controlled substances qualification, please also submit the Dispenser Exemption or Waiver Request Form found here:

<https://health.state.tn.us/boards/Controlledsubstance/PDFs/PH-4138.pdf>

All checks and/or money orders should be made out to the Tennessee Board of Pharmacy.

Step #2: Submit a copy of your Drug Enforcement Agency (DEA) Registration

- The DEA application is now available on-line. Please access the DEA website located at <http://www.deadiversion.usdoj.gov>

Step #3: License a Pharmacist-in-Charge for the practice site

- Rule 1140-01-.08(3)(a)(8) requires that you designate a pharmacist in charge who shall be responsible for compliance with the provisions in this section, and who shall hold a current Tennessee pharmacist license. The Pharmacy practice site application will **NOT** be approved until the PIC is licensed in Tennessee. Instructions for obtaining a reciprocal license can be found here: https://health.state.tn.us/boards/Pharmacy/PDFs/Obtaining_Reciprocal_License.pdf

Step #4: Tennessee Rules

- By submitting an application, you indicate that your facility has met all the requirements necessary for licensure. You may access these rules [1140-01-.08] electronically at <http://www.state.tn.us/sos/rules/1140/1140.htm>

It is the Board's policy that all applications still not approved after one (1) year will expire. If you wish to reapply for Pharmacy licensure, you will be required to submit a new application with registration fee.

Applicant's Name: _____

9902/001	Application	\$ 300
9902/006	Regulatory fee	\$ 10
9902/001	Controlled Substance	\$ 40
9902/001	Sterile Compounding	\$ 250



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APPLICATION FOR PHARMACY BUSINESS

Application status:

- NEW BUSINESS
- NAME CHANGE
- LOCATION CHANGE
- OWNERSHIP CHANGE

Please check type of application:

- RESIDENT
- NON-RESIDENT
- CHARITIBLE CLINIC PHARMACY

Effective Date of Opening or Change: _____

Type of practice:

COMMUNITY:

- INDEPENDENT – 3 or Less
- NON-INDEPENDENT – 4 or More
- HOSPITAL/INSTITUTIONAL
- NURSING HOME

- HOME HEALTH CARE
- MEDICAL GASES
- NUCLEAR
- MAIL ORDER
- OTHER: _____

Is this a dispensing pharmacy? Yes No

Does this pharmacy produce compound sterile? Yes No

Does this pharmacy produce non-sterile products? Yes No

If yes, please submit a copy of an inspection report issued within the past 12 months.

If no, you are required to immediately report to the board, any changes in the pharmacy business model.

Name of Pharmacy			Tennessee License Number (if applicable)
Street Address			Telephone No.
City	State	Zip Code	County

MAILING ADDRESS

Company Name			
Street Address			Telephone No.
City	State	Zip Code	

Check appropriate type ownership:

PROPRIETORSHIP PARTNERSHIP CORPORATION LLC

PLEASE INCLUDE A COPY OF BOARD OF DIRECTORS OR LIST OF OFFICERS/PARTNERS

Name of Owners: _____

Address of Owner(s): _____
Street Address

City _____ State _____ Zip Code _____

NOTE: Application CANNOT be processed unless you have a Pharmacist In Charge licensed in Tennessee.

Name and Tennessee License Number of Pharmacists employed, including employer if Pharmacists:
(Name) attach supporting documents if needed (License #)

List reference books, including law book, in this pharmacy: (See Rule 1140-3-.15 or 1140-6-.03)

TO BE COMPLETED BY PHARMACIST-IN-CHARGE: (Cannot be executed by a pharmacist who is presently registered as pharmacist-in-charge, except a part-time institutional pharmacist.)

I, under oath, confirm that in the event the application for a license to conduct a pharmacy at the address stated therein is granted; that I will have supervision over the conduct of such pharmacy; that I will be in actual attendance at the same at least _____ hours of each business week; and furthermore, this pharmacy will be under the direct supervision of a pharmacist at all times as established by Tennessee Code Annotated.

Are there any charges involving moral turpitude or violation of pharmacy, or any other laws pending against you? Explain such charges or violations in detail; even to reporting minor infractions of pharmacy, liquor or narcotic laws regulations; include dates. Yes No (if yes attach)

I do solemnly swear and affirm that I understand the pharmacy laws of Tennessee and that the information in the foregoing paragraphs are true and correct to the best of my knowledge. Furthermore this pharmacy will be under the direct supervision of a pharmacist at all times. I further attest that this pharmacy will comply with all the provisions of this application.

Signature _____
(check one) Full-Time Part-Time

NOTARY PUBLIC: I attest that the above signature (s) of _____
sworn to and subscribed to before me this _____ day of _____, _____

My commission expires _____ Notary Signature _____

Inspection is required before issuance of license.

NOTE: If there is any change in status of this pharmacy, owner and pharmacist are both required to notify the Board.

*If ownership change, the former owner must complete and sign in space indicated on this form.

TO BE COMPLETED BY: (Check one) **OWNER** **OFFICER OF CORP.** **ADMINISTRATOR**

I hereby certify under oath that the pharmacy for which this application is made complies with requirements set forth in Tennessee laws and regulations and that said pharmacy is equipped with proper equipment, adequate lighting, and refrigeration; and that this business will be kept in a clean and sanitary condition at all times.

Are there any charges involving moral turpitude or violation of pharmacy, or any other laws pending against you? Explain such charges or violations in detail; even to reporting minor infractions of pharmacy, liquor or narcotic laws regulations; include dates. Yes No (If yes, please attach)

I do solemnly swear and affirm that I understand the pharmacy laws of Tennessee, and that the information in the foregoing paragraphs are true and correct to the best of my knowledge. Furthermore this pharmacy will be under the direct supervision of a pharmacist at all times. I further attest that this pharmacy will comply with all the provisions of this application.

Signature _____

NOTARY PUBLIC: I attest that the above signature (s) of _____

sworn to and subscribed to before me this _____ day of _____, _____

My commission expires _____ Notary Signature _____

TO BE COMPLETED BY FORMER OWNER (If applicable)

Name and address of former: (Check one) Owner Officer of Corporation

I do solemnly swear/affirm that I understand the pharmacy laws of Tennessee, and that the information contained in this application are true and correct to the best of my knowledge. I relinquish my rights to the name and license of:

Name of pharmacy: _____

Date of ownership change: _____

Signature _____

NOTARY PUBLIC: I attest that the above signature (s) of _____

sworn to and subscribed to before me this _____ day of _____, _____

My commission expires _____ Notary Signature _____



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Attn: Pharmacist-in-Charge

To ensure compliance with state rules regarding sterile compounding, the Board of Pharmacy voted at the November 2012 meeting to survey Pharmacists-in-Charge about their pharmacy's compounding practices. Please answer the questions below and return to the board office via fax (615-741-2722) or scan and email to Sheila Bush at Sheila.bush@tn.gov. The request to complete and return this survey is considered a lawful order of the Board under Tennessee Code Annotated 63-10-305(8). Response is required before a license will be issued.

Name of Pharmacy _____

Pharmacy Address _____ Phone Number _____

City, State, Zip _____

1. At any time in the past 18 months, has your pharmacy compounded products? _____
If yes, is the pharmacy continuing to offer compounding services? _____

If a new pharmacy, will your pharmacy compound products? _____

(If no, please proceed to the PIC information at the end of the survey and return.)

2. At any time in the past 18 months, has your pharmacy compounded **sterile** products? _____
If yes, is the pharmacy continuing to offer sterile compounding services? _____

If a new pharmacy, will your pharmacy compound **sterile** products? _____

(If no, please proceed to the PIC information at the end of the survey and return.)

(Continue to Question 3.)

3. Approximately how many sterile compounded products does your pharmacy dispense per day?

- a. ___ 1-20 prescriptions per day
b. ___ 21-50 prescriptions per day
c. ___ 51-100 prescriptions per day
d. ___ More than 100 prescriptions per day

4. What types of compounded products does, or will, your pharmacy prepare? (Check all that apply)

- a. ___ IV
b. ___ Intrathecal
c. ___ TPN
d. ___ Parenteral
e. ___ Cardioplegia solution
f. ___ Enteral
g. ___ Irrigation
h. ___ Ophthalmic
i. ___ Oncology

continue to next page...

Pharmacy Name _____

- j. ___ Veterinary
- k. ___ Serum, toxins, vaccines and similar biologics
- l. ___ Radiopharmaceuticals
- m. ___ Other: _____

5. List any current accreditation (and expiration date) or pending application for accreditation related to compounding.

6. If your pharmacy is domiciled outside of Tennessee, does your pharmacy dispense compounded sterile products to Tennessee residents? _____

7. If located in Tennessee, does your pharmacy dispense compounded product to other states? _____

If yes, to what states do you dispense? _____

8. Does your pharmacy have a Policy & Procedure manual addressing compounding? _____

Are you compliant? _____

9. If domiciled outside of Tennessee, does your state require USP 797? _____

10. Does your pharmacy hold a manufacturer's license in Tennessee or any other state? _____

If yes, in what states?

11. Have you or your pharmacy's license ever been disciplined by any licensing agency? _____

(If yes, please provide documentation/records of the action taken.)

I, the undersigned, do hereby swear and affirm that all the answers provided pursuant to this survey are, to the best of my knowledge, accurate, complete, and true statements. I understand that by knowingly or purposefully making a false, fictitious, or inaccurate statement, or by making any omission to that effect, that I may be subject to discipline under T.C.A. 63-10-305(6). Furthermore, I understand that the responses contained herein establish an on-going obligation of accuracy. As such, should any information on this form change, I will update the Board immediately.

PIC Name _____

Date _____

PIC Signature _____

Provide the email address where you would like to receive information from the Board in the future.
