

Applicant's Name: _____

9902/001	Pharmacy Controlled Substance	\$ 40
9902/001	Pharmacy Sterile Compounding	\$ 250
9904/001	M/W/D Controlled Substance	\$ 40
9904/001	M/W/D Sterile Compounding	\$ 250



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

APPLICATION TO ADD LICENSE MODIFIER

Type of Modifier:

- STERILE COMPOUNDING - \$250.00
 - CONTROLLED SUBSTANCES - \$40.00
- DEA Number: _____

Type of License:

- PHARMACY
- MANU/WHOL/DIST

Name of Business (as it appears on license)		Tennessee License Number
Street Address		Telephone No. ()
City	State	Zip Code

Pursuant to Rule 1140-01-11: No licensee may obtain, possess, administer, dispense, distribute, or manufacture any controlled substance in this state, and no representative of a manufacturer or wholesaler/distributor may distribute any controlled substance in this state, without obtaining a controlled substance registration from the board.

Pursuant to Rule 1140-01-12(1): No licensee may compound, manufacture, prepare, propagate, or process any sterile product to be dispensed, sold, traded, or otherwise distributed in or from this state without first obtaining a sterile compounding modifier registration from the Board of Pharmacy.

“Sterile product” is defined by **Rule 1140-01-01(33)**, to mean any dosage form, drug product or biological product devoid from all living microorganisms, including but not limited to bacteria and fungus.

“Sterile manufacturing” is defined by Rule 1140-01-01(34), to mean the production, propagation, processing, pooling, or repackaging of sterile products for wholesale or any other form of distribution, not pursuant to a prescription or medical order.

Pharmacies seeking sterile compounding registration please reference compliance requirements outlined by the Rules of the Tennessee Board of Pharmacy, [Chapter 1140-07](#).

Manufacturers seeking sterile compounding registration please reference compliance requirements outlined by the Rules of the Tennessee Board of Pharmacy, [Chapter 1140-09](#).

ATTACHMENTS: (Check below and submit the following to the address on this form)

- Check or Money Order for all applicable modifier fees
- Copy of DEA registration certificate (if applicable)
- Copy of valid resident-state license

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

I do solemnly swear and affirm that I understand the pharmacy laws of Tennessee and that the information in this application is true and correct to the best of my knowledge. I further attest that this business will comply with all the provisions of the Tennessee Pharmacy Law and Regulations.

Signature _____

<p>NOTARY PUBLIC: I attest that the above signature(s) of _____</p> <p>sworn to and subscribed to before me this _____ day of _____, _____</p> <p>My commission expires _____ <i>Notary Signature</i> _____</p> <p style="text-align: center;">AFFIX SEAL HERE</p>
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