

Applicant Name: \_\_\_\_\_

9907/001	Application	\$1000
9904/006	Regulatory fee	\$ 10
9904/001	Controlled Substance	\$ 40



**STATE OF TENNESSEE**  
**DEPARTMENT OF HEALTH**  
**DIVISION OF HEALTH LICENSURE AND REGULATION**  
**OFFICE OF HEALTH-RELATED BOARDS**  
**BOARD OF PHARMACY**  
**665 MAINSTREAM DRIVE**  
**NASHVILLE, TENNESSEE 37243**  
**PHONE: (615) 253-1299 FAX: (615) 741-2722**  
[www.tn.gov/health/pharmacy](http://www.tn.gov/health/pharmacy)

**BUSINESS APPLICATION AND INSTRUCTIONS**  
**FOR**  
**AMBULATORY SURGICAL TREATMENT CENTER**

Pursuant to T.C.A. § 63-10-310(f)(2)(A), the Tennessee Board of Pharmacy possess authority to license ambulatory surgical treatment centers as defined in T.C.A. § 68-11-201; provided; however, this section does not require the licensure of an ambulatory surgical treatment center.

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**NOTE:** A new application must be submitted to the Tennessee Board of Pharmacy, along with the required application fee(s), anytime there is a Name or Location change.

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**Pursuant to Tenn. Comp. R. and Regs. 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 T.C.A. § 63-10-310(f)(2)(b)** An ambulatory surgical treatment center that applies to the Board for licensure shall designate to the Board either a pharmacist-in-charge, as defined in T.C.A. § 63-10-204, or a medical director who is licensed as a physician under part 6 or part 9 of Title 63, as the person who has the authority and responsibility for compliance with laws and rules pertaining to the practice of pharmacy at the ambulatory surgical treatment center.

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## APPLICATION INSTRUCTIONS

For convenience, the checklist below outlines the required documents to be submitted with all applications for consideration for the issuance of a license:

- Check or money order made payable to the Tennessee Board of Pharmacy
- Ownership structure
- Name and license number of pharmacist in charge or medical director who is a licensed physician

## UNDERSTANDING THE LICENSURE PROCESS

- All applications that are incomplete after one (1) year will expire. If you wish to reapply for licensure, you must submit a new application with the required documentation and fees.
- All application fees are **NON-REFUNDABLE**.
- Please send all required documents and fees to:

**Office of Health Related Boards  
Tennessee Board of Pharmacy  
665 Mainstream Drive  
Nashville, TN 37243  
*(Courier services use 37228)***

- **Please allow fourteen (14) business days** for information mailed to the Board's office to be received. Special courier services will not appreciably reduce the time it takes to process an application. **It takes approximately eight (8) weeks for a license to be issued.**
- Upon receipt of the application, an administrative member of the Board will conduct a preliminary review of the application. If additional information is required, notification will be provided via regular mail or electronic mail.
- In-state applications are forwarded to a Board investigator for inspection.
- You may contact the board at [pharmacy.health@tn.gov](mailto:pharmacy.health@tn.gov) if you have any additional questions.
- Upon approval, **please allow 7-14 business days for receipt of the license certificate.**

**APPLICATION FOR:**

- New License
- Name Change
- Location Change

License Number \_\_\_\_\_

**CORPORATE MAILING ADDRESS:**

Company Name		
Address Line 1		
Address Line 2		
City	State	Zip Code
Corporate Contact Person		Corporate Telephone

**FACILITY ADDRESS:**

Company Name		
Address Line 1		
Address Line 2		
City	State	Zip Code
PIC or Medical Director Name and License Number		Telephone Number

***Please complete if applying for a Name or Location:***

Previous Company Name		
Previous Address Line 1		
Previous Address Line 2		
City	State	Zip Code

**CONTROLLED SUBSTANCES: Yes  No  DEA Number: \_\_\_\_\_**

Are there any charges involving moral turpitude or violation of pharmacy law, or any other laws pending?  
 **Yes**  **No** (If yes, please explain and attach pertinent documents)

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**Note:** Every business licensed by the Tennessee Board of Pharmacy must possess a copy of the board publication which contains Pharmacy Law and Regulations; the Tennessee Drug Control Act; and the Tennessee Food, Drug & Cosmetic Act (applicable parts only).

Does the facility possess a printed or electronic version of the TN Law Book?  **Yes**  **No**

I, \_\_\_\_\_  
(Pharmacist in charge or Medical Director)

Affirm that the pharmacist in charge or medical director holds a valid and current license to practice in Tennessee and that there is a pharmacist in charge or medical director for the practice site listed in this application.

I affirm that the pharmacist in charge or medical director will be accountable to the Board of Pharmacy for this practice site's compliance with all state statutes and regulations that govern the practice of pharmacy in Tennessee.

I affirm that before engaging in the practice of pharmacy in Tennessee, the pharmacy must obtain a valid license from the Tennessee Board of Pharmacy.

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 to maintain security and integrity of the product; and that this business will always be kept clean and in good operating condition.

I affirm that no pharmacy services shall be provided without the responsible supervision of a Tennessee licensed pharmacist as the pharmacist in charge or licensed physician as medical director.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

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Signature and Date