



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Office of Health Related Boards
665 Mainstream Drive
Nashville, TN 37243

<http://tn.gov/health/topic/pharmacy-board>

TENNESSEE BOARD OF PHARMACY
WHOLESALE/DISTRIBUTOR COMPLIANCE SURVEY

To ensure regulatory compliance and promote product safety, the Tennessee Board of Pharmacy is surveying all entities seeking licensure in Tennessee as a Wholesaler/Distributor. Please answer the questions below and return to the Board office. You may respond by mail to Tennessee Board of Pharmacy 665 Mainstream Drive, Nashville, Tennessee 37243; by fax to 615-741-2722; or by scanning and e-mailing to: Pharmacy.Health@tn.gov.

Pursuant to Tennessee Code Annotated (T.C.A.) §63-10-305 (8), the request to complete and return this survey is considered a lawful order of the Board of Pharmacy. Response is required before a license will be issued. Please retain a copy of your response at the firm's location.

NAME OF FACILITY: _____

ADDRESS OF FACILITY: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

NAME OF PERSON RESPONSIBLE FOR RESPONDING: _____

WHOLESALE

T.C.A. §63-10-204 (49) "Wholesaler" or "wholesale distributor" means a person primarily engaged in the wholesale distribution of drugs or devices; provided, that "wholesaler" or "wholesale distributor" does not include licensed third-party logistics providers. For the purposes of this part, transfers and sales of drugs or devices from one licensed pharmacy to another shall not constitute wholesale distribution of drugs or devices.

1. By this definition, is this firm a wholesaler? _____ Yes _____ No

If "no", please provide a description of the business and the reason you do not feel it meets this definition:

If "yes", please answer the following questions:

- a. Is the firm licensed or registered with FDA? _____ Yes _____ No

If "no", please provide a brief explanation why: _____

If "yes", please attach proof of the FDA license or registration to your response to this survey.

- b. How many different products has the firm wholesaled in the past 12 months? _____

- c. Are any sterile products wholesaled? _____ Yes _____ No

- d. Does the firm ship products into other states? _____ Yes _____ No

If "yes", please attach a list of all other states into which products are shipped.

- e. Is the firm licensed by all other states into which the firm ships? _____ Yes _____ No

If "yes", please attach proof of licensure.

If "no", please describe why not: _____

DISTRIBUTOR

T.C.A. § 63-10-204 (16) "Distributor" means a person engaged in the distribution of drugs or devices; provided, that "distributor" does not include licensed wholesale distributors or licensed third-party logistics providers;

1. By this definition, does this firm "distribute" legend drugs or devices?
_____ Yes _____ No

If "no", please provide a description of the business and the reason you do not feel it meets this definition:

If "yes", please answer the following questions:

- a. Is the firm licensed or registered with FDA? _____ Yes _____ No

If "no", please provide a brief explanation why not: _____

If "yes", please attach proof of the FDA license or registration to your response to this survey.

- b. How many different products does the firm distribute? _____

- c. Are any sterile products distributed? _____ Yes _____ No

- d. Does the firm ship product into other states? _____ Yes _____ No

If "yes", please attach a list of all other states into which products are distributed.

- e. Is the firm licensed by all other states into which the firm ships? _____ Yes _____ No

If "yes" please attach proof of licensure.

If "no", please describe why not: _____