

TEXAS STATE BOARD OF PHARMACY

Application To Provide Emergency Remote Pharmacy Services

(Submit a separate application for each emergency remote pharmacy.)

1 HOME PHARMACY INFORMATION

Provide information regarding the home pharmacy that will provide pharmacy services through an emergency pharmacy.

Name of Texas Pharmacy

TX Pharmacy Lic. #r

Address

City,

State

Zip

Phone Number

Name of Pharmacist-In-Charge

Texas R.Ph. Lic. #

2 EMERGENCY REMOTE PHARMACY INFORMATION

Provide information regarding the pharmacy that will be the provider of the emergency remote pharmacy.

Name Emergency Remote Pharmacy

Phone Number

Address

City

State

Zip

3 PERSON RESPONSIBLE AT REMOTE PHARMACY

Provide information regarding the Pharmacist-in-Charge of the Emergency Remote Pharmacy.

Name of Pharmacist-in-Charge

Texas R.Ph. Lic.#

4 ATTEST STATEMENTS

Regarding Written Contract or Agreement

I hereby attest that the Home pharmacy and the remote facility have a written contract or agreement which outlines the services to be provided and the responsibilities and accountabilities of each party in fulfilling the terms of the contract or agreement in compliance with federal and state laws and regulations.

Regarding Application

I understand that this is a temporary emergency permit which expires on January 1, 2009. I hereby attest that the foregoing statements, as well as those on the reverse side of this form or those on any attachment(s) to this form, are to the best of my knowledge true and correct and that they are all given of my free will. I agree that any misstatements(s) or omission(s) as to material facts will constitute violation of and subject me to the penalties set forth in the Texas Pharmacy Act. I agree to comply with the Texas Pharmacy Act and Rules.

Signature – Pharmacist-in-Charge of Home Pharmacy

Date

Signature - Pharmacist-in-Charge of the Emergency Remote Pharmacy

Date