

Please complete the following sections with regard to ownership of this pharmacy.

Full name of the pharmacy's owner: _____

The owner is a (check one):

() Corporation - List the names of the director and principal officers, the offices they hold, their home addresses and the percentage of stock owned in the spaces below.

() Limited Liability Company (LLC) - List the officers/members, the offices they hold (if any), their home addresses and the percentage of interest owned in the spaces below.

() Hospital - List the name of the hospital administrator and their home address along with the names of the hospital's principal officers, the offices they hold, their home addresses, and the percentage of interest owned in the spaces below.

() Nursing Home - List the name of the nursing home administrator and their home address along with the names of the nursing home's principal officers, the offices they hold, their home addresses, and the percentage of interest owned in the spaces below.

() Individual(s) - List the name(s) of the individual owner(s), their pharmacist license number(s) (if any), their home addresses, and the percentage of ownership in the spaces below.

() Limited Partnership - List the names of the principal officers (if any) and the names of the individuals overseeing the operation of the limited partnership, the offices they hold (if any), their home addresses and the percentage of interest owned in the spaces below.

() Other (specify) _____ - List the names of the director and the principal officers, the offices they hold, their home addresses and the percentage of interest owned in the spaces below.

If additional space is required, please provide the requested information on an 8 ½" X 11" sheet of paper and attach it to this application.

If applicable, please provide the following information:

Names of **stockholders/interest holders** with more than 10% Home address Percentage of stock/interest

List the type of patient that this pharmacy serves (ex. inpatients, retail customers, etc.) _____

Does a medical practitioner have any proprietary interest in the pharmacy? () Yes () No

If "Yes", indicate the percentage of interest: _____%

If "Yes", please provide information regarding the involvement of the medical practitioner in the direction, control and daily operation of the pharmacy.

Are there any pending indictments of any nature or any alleged violations of the law governing the practice of pharmacy against any of the individuals listed on this application or have any of them been convicted of any crimes within the past ten years? () Yes () No

If yes, please give details on an attached sheet of paper.

VERIFICATION

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

The prescription area of this pharmacy has all of the equipment and facilities that are required in the Pharmacy Act and Board Regulations and in the event of loss or breakage of any item on the equipment list, it will be replaced immediately.

I agree to display the pharmacy permit conspicuously and I understand that the pharmacy permit may not be transferred.

I agree to notify the Board immediately in the event that I should change location, change ownership, change title, change pharmacist manager, remodel or discontinue this pharmacy. I agree to notify the Board in the event of a fire or flood or if the pharmacy permit has been lost or misplaced.

I agree, as a non-pharmacist owner, not to exercise control over the professional activities of the licensed pharmacists under my employ. I will not be involved in any pharmacy-related activity which requires the professional judgment of a licensed pharmacist.

Signature of the Registered Pharmacist Manager Date

Printed Name of Registered Pharmacist Manager

License Number: __RP-_____

AND

Signature of the Owner's Authorized Representative Date

Title: _____

Printed Name: _____

NOTICE

The Pennsylvania State Board of Pharmacy has the following policy regarding change in ownership/controlling interest/title of an established pharmacy. The new owner will be responsible for the operation and practice of pharmacy in accordance with the Pharmacy Act and Board Regulations. Once the application is processed, the Board will notify the following agencies of the change: DEA, PACE, Department of Public Welfare, Department of Health, and NCPDP.

**CHANGE OF OWNERSHIP VERIFICATION
(For change in ownership ONLY)**

_____, current/former owner(s)
(Name of the Current Owner)
of an established pharmacy operating under the title of _____,
with permit # _____, do hereby certify that a purchase agreement
was/will be signed on _____ with _____
(Month/Day/Year) (Name of New Owner(s))
and that the actual ownership transfer date is _____.
(Month/Day/Year)

Signature _____
(Former Owner(s) or Registered Agent of Former Owner)

Signature _____
(New Owner(s) or Registered Agent of New Owner)

Please provide the new Federal Employer Identification

No. (FEIN): _____

**CHANGE OF CONTROLLING INTEREST VERIFICATION
(For change in controlling interest ONLY)**

As the authorized representative of the owner listed at the top of page two of this application,
with regard to the established pharmacy operating under the title of
_____ with permit # _____,
I do hereby certify that controlling interest changed as of _____ and as
(Month/Day/Year)
indicated on page 2 of this application.

Signature _____
(Owner or Registered Agent of Owner)

If applicable, please provide the new Federal Employer Identification

No. (FEIN): _____

Helpful Information

Before submitting your application, please refer to the following helpful hints. Keep in mind that **original** application pages, not photocopies nor faxed copies, must be submitted along with the application fee.

Page One:

1. Have you marked the correct transaction(s)?
2. Are you submitting the correct fee?
3. For a change in title, have you supplied the required sample prescription label or proof of label that contains the pharmacy's new name (title), registered address, phone number and DEA number?
4. For a change in title, is the effective date for the title change in the format of month/day/year?

Page Two:

1. Have you provided the name of the new owner for a change in ownership or the name of the current owner for a change in title or change in controlling interest? If an entity such as a corporation or limited liability company (LLC) directly owns the pharmacy permit, provide the corporation's or the LLC's name here – do not list the stockholders or members. Stockholder/officer/member information will be provided in another section on application page two.
2. Have you indicated the type of ownership?
3. Have you provided the director/officer/member information that was requested?
4. Have you provided **home** addresses, where requested?
5. Have you provided the percentage of stock/interest owned or held by the individuals who are listed on this page? "Zero" is an acceptable number, if accurate.
6. Have you answered both questions located near the bottom of the page and provided any additional information as directed?

Page Three:

1. Has the pharmacy's **registered** pharmacist manager signed and dated the form? Has the pharmacist manager provided his/her printed name and license number? Please note that you **cannot** change pharmacist managers using this application. When a pharmacy has had a change in pharmacist manager, the "Application for Change in Pharmacist Manager Within an Established Pharmacy" and the application fee must be submitted.
2. Has the authorized representative of the pharmacy's owner signed and dated the form as well as provided his/her title and printed name?

Page Four:

1. Page four does not have to be submitted if there is only a change in title.
2. For a change in ownership, have you completed the top portion of this page? For a change in controlling interest, have you completed the bottom portion of this page? Do **not** complete both sections.
3. Have you provided the correct name of the owner? The pharmacy permit owner's name should be provided, not the names of the stockholders/interest holders.
4. Are the pharmacy's name and permit number correct?
5. Have the dates been provided in month/day/year format?
6. Have the authorized representative(s) signed ?
7. If applicable, was the new FEIN provided?