

Mailing Address:  
PO Box 2649  
Harrisburg, PA 17105-2649

**Courier** Address:  
2601 N. Third Street  
Harrisburg, PA 17110

**CENTRAL PROCESSING CENTER PHARMACY APPLICATION** (#854 112, Rev. 4/15)

**This application is to be used for a pharmacy that intends to operate strictly as a “Central processing center” as defined in Board Regulation Section 27.1. If a pharmacy will be involved in the preparation and packaging of medication, please use Pharmacy Application #854 106.**

Type of Transaction Requested (Check One)

- Proposed Central Processing Center Pharmacy - \$125.00 Fee
- Change in Location of an Existing Central Processing Center Pharmacy - \$125.00 Fee
- Conversion of an Existing Pharmacy to Strictly a Central Processing Center Pharmacy - \$125.00 Fee
- Remodel of an Existing Central Processing Center Pharmacy - \$125.00 Fee

Make check or money order payable to the “Commonwealth of PA.” Fees are NOT refundable nor transferable. Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Name of pharmacy: \_\_\_\_\_  
(The name on the permit, label and sign, if used, must be identical)

If this is an existing pharmacy, please note pharmacy permit number: \_\_\_\_\_

(New) Address of pharmacy: \_\_\_\_\_  
Street  
\_\_\_\_\_, PA \_\_\_\_\_  
City Zip Code

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Contact person's name: \_\_\_\_\_

Contact person's phone number: \_\_\_\_\_

Contact person's fax number: \_\_\_\_\_

Contact person's address: \_\_\_\_\_  
Street  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State Zip Code

Contact person's e-mail address: \_\_\_\_\_

Expected date the pharmacy will be ready for inspection: \_\_\_\_\_  
(Month/Day/Year)

**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.

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If applicable, please provide the following information:

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

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List the type of patient that this pharmacy serves (ex. mail order customers, retail customers, etc.) \_\_\_\_\_

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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.



**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Does the central processing center have adequate space to perform the functions taking place there? Yes  No

2. Will there be a telephone in the prescription area? Yes  No

3. Are restroom facilities located reasonably close to, but outside of the prescription area? Yes  No

Please review Question 4 and check "N/A" (not applicable) if Question 4 does not apply: N/A

4. For pharmacies located within a retail establishment whose business hours differ:  
a. Will the pharmacy be securely sealed off from the retail establishment? Yes  No   
b. Will the barrier device which seals off the pharmacy reach from floor to ceiling? Yes  No   
c. Will this barrier device be impenetrable by hand or the use of a reach extender? Yes  No

5. Does the central processing center have the equipment, supplies and an adequate reference library necessary to engage in centralized prescription processing? Yes  No

6. Does this central processing center have a contract with or the same owner as the originating pharmacy and the delivering pharmacy? Yes  No

7. Do operating policies and procedures exist which include, but are not limited to, an audit trail that records and documents the central prescription process and the individuals accountable at each step in the process for complying with Federal and State laws and regulations including recordkeeping? Yes  No

8. Do all of the pharmacies involved in centralized prescription processing share a common electronic file? Yes  No

9. The Board has the same standards for security for all pharmacies. Is this pharmacy located in a building with other occupants? Yes  No

If your response is "Yes", please also respond to the following questions:

a. Will the pharmacy be securely sealed off from the other occupants? Yes  No

b. Will the barrier device which seals off the pharmacy reach from floor to ceiling? Yes  No

c. Will this barrier device be impenetrable by hand or the use of a reach extender? Yes  No

10. For an existing pharmacy that is converting the pharmacy's operation to strictly that of a central processing center, please provide information on the disposition of the non-proprietary drugs (i.e. sold to another pharmacy, returned to the wholesaler, destroyed, etc.) **If the drugs were sold to another pharmacy, please also provide the name and permit number of that other pharmacy.**

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Please draw a skeleton sketch showing the **proposed** floor plans for the central processing center. Failure to provide information on the **entire** pharmacy may result in a delay in the processing of your application. Please provide detailed information on the placement of any work counters and the bathroom as well as the dimensions of the central processing center. A permit may be issued for a self-contained pharmacy having an entrance into an adjoining store that owns the pharmacy or is otherwise affiliated with it. Blue prints are not accepted in lieu of this sketch. If more space is required, please attach additional 8 ½" X 11" sheets of paper to this application.

\*Board Regulation Section 27.1 defines "Prescription area" as "That area of the pharmacy used for compounding, legend drug storage and other activities necessary to the practice of pharmacy. The term does not include waiting counters or display space attached to the waiting counters."



Please Note the Following Information:

Refer to the Board Regulations for additional information on centralized prescription processing.

New pharmacy applicants are permitted to open when the permit number has been assigned. The permit does not have to be received and displayed prior to the pharmacy opening. The permit must be posted upon receipt.

A proposed pharmacy that fails the inspection will be required to pay \$115.00 for re-inspection. It will be the responsibility of the new business to notify the Board office in writing when the pharmacy is ready for re-inspection.

Correcting any deficiency or violation noted on the inspection report for a change in location, remodel or the conversion of an existing pharmacy's operation to strictly that of a central processing center will be the responsibility of the owner. The Board will grant a period of not more than thirty days to correct the deficiency/violation. A \$115.00 re-inspection fee must be submitted to the Board office along with notification in writing that all deficiencies/violations have been corrected. Failure to do so will be just cause for the Board to take other appropriate action.

It is your responsibility to maintain a copy of this and all documents submitted to the Board or received from the Board for your future reference.

The pharmacy permit number will not change with the processing of this application for a change in location, a remodel or the conversion of an existing pharmacy's operation to strictly that of a central processing center.

If there are any discrepancies with the application, information on the discrepancies will be sent to the pharmacy's contact person. Once the application is in order, the Board office staff will notify the pharmacy's contact person that the application has been accepted.

If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee.

## 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 provided the pharmacy's correct name, pharmacy permit number (for existing pharmacies) and address?
2. Have you provided the FEIN?
3. Have you provided complete information for the contact person?
4. Have you provided the inspection ready date in month/day/year format?

### Page Two:

1. Have you provided the name of the owner? If an entity owns the pharmacy permit, list the entity's name - not the name of any stockholders/interest holders.
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 listed the stockholders or interest holders with more than 10%, the home addresses and percentage of stock/interest?
7. Have you listed the types of patient that the pharmacy serves?
8. Have you answered the two questions located near the bottom of the page and provided any additional information as directed?

### Page Three:

1. Have you answered the question at the top of the page and provided additional information if your response to the question was "Yes"?
2. Has the pharmacist manager signed, dated, printed his name and listed his license number in the appropriate spaces?
3. Has the owner's authorized representative signed, dated, listed his/her title and printed his/her name in the appropriate spaces?
4. Are you submitting the **original** application page three?

### Page Four:

1. Have you answered questions one through nine?
2. If this is an existing pharmacy that is converting to a central processing center, have you provided information on the disposition of the non-proprietary drugs?

### Page Five:

1. Are the floor plans on 8 ½" x 11" paper? The Board is unable to accept larger floor plans as they cannot be microfilmed/scanned.
2. Floor plans:
  - Have you provided information on the placement of any work counters?
  - Have you provided dimensions of the pharmacy?
  - Is there an indication of the location of the bathrooms?
  - Are all walls shown as well as placement of the doors?
  - Are the different rooms identified?
  - Are the fixtures shown in each room?

### Page Six:

1. **If** this is a remodel of an existing central processing center, have you provided current floor plans (prior to any construction) on a separate 8 ½" x 11" sheet of paper?
2. **If** this is a remodel of an existing central processing center, have you provided information on the precautions and security measures that will be taken during construction?