

PENNSYLVANIA STATE BOARD OF PHARMACY

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Harrisburg, PA 17105-2649

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PA Dept of State, Bureau of Professional and Occupational Affairs
Attn: State Board of Pharmacy
2 Technology Park
Harrisburg, PA 17110-2919

PHARMACY REMODELING APPLICATION (# 854 108, Rev. 4/15)

\$125.00 FEE - Make check or money order payable to the "Commonwealth of PA." Fees are not refundable. 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.

Please refer to the Board's web site at www.dos.pa.gov/pharm for the "Satellite Pharmacy Application" if remodeling a hospital's satellite pharmacy.

The proposed floor plans for a remodel must comply with all current requirements. A pharmacy that undergoes a remodel will no longer be "grandfathered."

This application must be submitted to the Board at least 30 days prior to beginning construction. If the Board does not object to the plans within 30 days of their filing, the pharmacy may proceed with the alterations as planned. Please note that a letter will be mailed to the contact person indicating the Board's acceptance of the application. If the Board objects to the plans, notice of disapproval will be sent to the contact person and construction may not begin until the discrepancy is resolved.

Name of pharmacy: _____

Pharmacy permit number: _____

Address of pharmacy: _____

Street

_____, PA _____
City Zip Code

Type of pharmacy operation (ex. mail-order, hospital, retail, etc.): _____

Contact person's name: _____

Contact person's phone and fax nos.: _____

Phone No.

Fax No.

Contact person's e-mail address: _____

Contact person's address: _____

Street

City State Zip Code

Expected date pharmacy will be ready for inspection: _____

(Month/Day/Year)

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 Rules and 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 and complete the required Board application 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: _____

CONSTRUCTION AND EQUIPMENT QUESTIONNAIRE

These questions should be answered in reference to the pharmacy AFTER it is remodeled.

1. Will the prescription area be at least 250 square feet? Yes () No ()
2. Within the prescription area, will the prescription working counter be at least 10 linear feet in length and 2 linear feet in width for 1 or 2 pharmacists working simultaneously? Yes () No ()
If more than 2 pharmacists will be working simultaneously, please note the number of pharmacists who will work simultaneously and the length and width of the prescription working counter:
Number of pharmacists working simultaneously _____
Length of counter _____ Width of counter _____
3. Will there be a telephone in the prescription area? Yes () No ()
4. Will there be a sink within the prescription area for use solely for pharmaceutical purposes? Yes () No ()
Will the sink be connected to hot and cold water? Yes () No ()
5. Are restroom facilities located close to, but outside of the prescription area? Yes () No ()
6. Will the pharmacy stock Schedule I controlled substances? Yes () No ()
If yes, will the Schedule I drugs be stored according to federal and state laws and regulations? Yes () No ()

Please review Question 7 and check "N/A" (not applicable) if Question 7 does not apply: N/A ()

7. 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 ()
8. Is a refrigerator present that is:
 - a. Used solely for the storage of drugs requiring refrigeration,
 - b. Equipped with a thermometer or a temperature monitoring device, and
 - c. Located in the prescription area? Yes () No ()
9. Please identify the number of pharmacists employed at this pharmacy: _____

*Please refer to the Board's Regulations for additional information on construction and equipment requirements.

Please respond to the following questions with regard to this pharmacy's proposed floor plans:

1. 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

2. Is a pneumatic tube present? () Yes () No
If a **pneumatic tube** is being used by the pharmacy, verify the following:
 - a. It is a one-stop system (drugs go directly from the prescription area to the patient at the delivery point without possibility of the drugs being diverted elsewhere). () Yes () No
 - b. There are proper audio-visual facilities where the pharmacy's employees can see who is picking up the medication and speak directly with them. () Yes () No
 - c. The pneumatic tube system is located within the prescription area and not in a service area. () Yes () No

*If you answer "No" to parts a., b., and/or c., please provide more detailed information on how security and confidentiality are maintained when using this pneumatic tube system.

3. Is a drive thru present? () Yes () No
If a **drive thru** is present, verify the following:
The drive thru is similar in construction to the metal sliding drawers used at banks, including the ability to communicate with the customers. () Yes () No

*If you answer "No" to the second part of this question, please provide additional information on the operation of this drive thru and describe how security and confidentiality are maintained.

4. Can a work counter be approached by the public? () Yes () No
If a **work counter** can be approached by the public (ex. opening at work counter or window at work counter), please respond to the following questions:
 - a. How far from the floor will the bottom of the window or opening be? _____ inches
Note: The Board has set a standard that the barrier between a work counter (that can be approached by the public) and the customer must be at least 50 inches in height.
 - b. Will a window be present? () Yes () No
If a window is present, will the glass be frosted? () Yes () No
 - c. Will a display be set in front of the window or opening? () Yes () No
If so, how tall and wide will the display be? _____ inches x _____ inches
 - d. How will unauthorized access to drugs and confidential patient information be prevented? _____

Please draw a skeleton sketch showing the floor plan of the prescription area as well as the other areas of the pharmacy BEFORE and AFTER the remodeling. Failure to provide information on the **entire** pharmacy may result in a delay in the processing of your application. A minimum of 250 square feet is required for the prescription area.* Please provide detailed information on the placement of counters, the sink and refrigerator, and the bathroom as well as the dimensions of the prescription area. Blue prints are not accepted in lieu of these sketches. 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."

List the precautions taken to protect the health and safety of the professionals, employees, and the public during the continuing operation of the pharmacy while the pharmacy is being remodeled. Please include information on procedures that will be put into place to protect the drugs and devices from dust and dirt, to prevent unauthorized access to prescription drugs and devices, etc. Please also indicate if a Pennsylvania-licensed pharmacist will be present during construction.

Please Note:

A pharmacy that fails the inspection will be required to pay \$115.00 for re-inspection. It will be the responsibility of the pharmacy owner 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 will be the responsibility of the owner. The Board will grant a period of not more than thirty days to correct the deficiency. 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.

The information contained in this application is valid for only one year. If the application is pending and the pharmacy has not passed its required inspection within one year of the original date of submission of this application, the Board will request submission of a new application along with the required application 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 registered name, permit number and address? This information is printed on the pharmacy's current permit.
2. Have you provided information on the type of pharmacy operation?
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. Has the registered pharmacist manager signed, dated, printed his name and listed his license number?
2. Has the owner's authorized representative signed, dated, listed his/her title and printed his/her name?
3. Are you submitting the original application page two?

Page Three:

1. Have you answered all of the questions?
2. If more than two pharmacists work simultaneously, have you noted under question two the number of pharmacists who work simultaneously and provided the dimensions of the work counters?

Page Four:

1. If you answered "Yes" to the first part of question one, did you also answer parts a., b., and c.?
2. If you answered "Yes" to the first part of question two, did you also answer parts a., b., and c.? If you answered "No" to part a., b. and/or c., have you also included the requested additional information?
3. If you answered "Yes" to the first part of question three, did you also answer the second part of the question? If your answer to the second part of the question is "No", have you provided the requested additional information?
4. If you answered "Yes" to the first part of question four, did you also answer parts a., b., c. and d.? Your responses to these questions will help determine whether the work counter is constructed in such a way that security and confidentiality can be sufficiently maintained.

Page Five:

1. Have you provided separate "before" and "after" drawings?
2. 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.
3. Floor plans:
 - Are the sink, refrigerator and work counter of at least 10 ft. x 2 ft. identified?
 - Are sufficient dimensions provided so that the prescription area's square footage can be calculated?
 - 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. Have you provided **all** of the information that was requested at the top of page six?