

KENTUCKY BOARD OF PHARMACY
State Office Building Annex, Suite 300
125 Holmes Street
Frankfort KY 40601
Phone: (502) 564-7910
Fax: (502) 696-3806
Email: pharmacy.board@ky.gov
<http://pharmacy.ky.gov>



Non-Resident Application for Special Limited Pharmacy Permit ⇒ Clinical Practice Renewal

Enclose a check or money order for \$150.00, made payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Please print legibly and complete this application; including the required original signature and return no later than June 30th. All renewals received after June 30th will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

I. Facility Information:

Name of Facility:

Kentucky Permit No.:

Physical Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Email Address:

Form 9/2023

Phone Number:

Fax Number:

Website Address:

II. Ownership:

How is the pharmacy registered with the Kentucky Secretary of State?

- Sole Proprietor
- Partnership
- LLC
- Corporation
- N/A

★★ Name and title for each owner/officer/member, including professional designation (e.g. Pres. John Jones, PharmD):

Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____
Name:	Title:
_____	_____

(Use supplemental information page if necessary)

III. Has any owner , member or officer been subject to discipline by any other agency related to the ownership or employment in a pharmacy?

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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**If yes:* Please explain below

IV. Pharmacist in Charge (P.I.C.), Pharmacist(s), Interns and Technicians:

Name	KY License No.:
P.I.C. :	

(Use supplemental information page if necessary)

Kentucky Pharmacy Regulation 201 KAR 2:205 requires the Pharmacist in charge to notify the Board within fourteen (14) calendar days of all pharmacist personnel changes.

V. Schedule of Hours:

(P.I.C. must notify the Board within fourteen (14) days of any changes in scheduled hours.)

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:	OPEN:
CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:	CLOSE:

★Please indicate if closed for lunch:

_____ until _____

Supplemental Information Page:

The Board may refuse to issue or renew a permit, or suspend, temporarily suspend, revoke, fine or reasonably restrict any permit holder for knowingly making or causing to be made, any false, fraudulent or forged statement in connection with an application for a permit. KRS 315.121

I hereby certify that the foregoing is true and correct to the best of my knowledge, that I have read and understand Kentucky Revised Statutes Chapters 217, 218A, and 315 and the regulations of the Kentucky Board of Pharmacy and the Cabinet for Health and Family Services pertaining to the practice of pharmacy and certify that this pharmacy will be conducted in full compliance with all federal and state laws, and that the facility is currently licensed and in good standing in all states of licensure.

Signature of Pharmacist-in-Charge: _____

Date: _____

I hereby certify that the above Renewal Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.

Signature of Owner: _____

Date: _____

I hereby certify that the above Renewal Application for Pharmacy Permit was signed, subscribed and sworn to before me this _____ day of _____, 20_____.

By: _____

Signature: _____

My Commission Expires _____ State of _____.