KENTUCKY BOARD OF PHARMACY State Office Building Annex, Suite 300 125 Holmes Street Frankfort KY 40601 Phone (502) 564-7910

Fax (502) 696-3806 e-mail: pharmacy.board@ky.gov http://pharmacy.ky.gov

Application for 'Special Pharmacy Permit for Clinical Practice'

Please print legibly. Make check or money order payable to 'Kentucky State Treasurer'. Mall to the above address. All applicable entries must be completed. Incomplete applications will be returned. Each permit expires June 30th following the date of issuance.

Physical Address of Facility					
(Street and Number)					
City	County	State	Zip _		
Phone Number Fax Number					
Email Address					
Mailing Address of Facility	(Street as	I Mumbou)			
	,	(Street and Number)			
City		State	Zip		
Check and complete one of the follo			100.00		
□ New Facility	owing and attach proper fee:	\$	100.00		
☐ New Facility		\$ 			
☐ New Facility	ng ance of Opening) Of Current Permit No	\$ 			
□ New Facility	ng ance of Opening) Of Current Permit No	Expiration Date State where presently located)			
□ New Facility	ng ance of Opening) Of Current Permit No(In	\$Expiration DateState where presently located)			
□ New Facility Proposed date of Openin (Filed with Board 30 days in adva	ng ance of Opening) Of Current Permit No (In	\$Expiration DateState where presently located)			
□ New Facility Proposed date of Openin (Filed with Board 30 days in adva) □ Change of Ownership Date of Proposed Acquis Name of Previous Owner (Confirmation state)	ng	\$Expiration Date State where presently located)	\$75.00		
□ New Facility Proposed date of Openin (Filed with Board 30 days in adva) □ Change of Ownership Date of Proposed Acquis Name of Previous Owner (Confirmation state)	ance of Opening) Of Current Permit No(In	\$Expiration Date State where presently located)	\$75.00		
□ New Facility Proposed date of Openin (Filed with Board 30 days in adva) □ Change of Ownership Date of Proposed Acquis Name of Previous Owner (Confirmation stat) □ Change of Address/Locate	ng	\$ Expiration Date State where presently located)	\$75.00		
□ New Facility Proposed date of Openin (Filed with Board 30 days in adva) □ Change of Ownership Date of Proposed Acquis Name of Previous Owner (Confirmation state) □ Change of Address/Locate Date of Proposed Relocate	ng	\$ Expiration Date State where presently located)	\$75.00		
□ New Facility	ance of Opening) Of Current Permit No(In	\$ Expiration Date State where presently located)	\$75.00 \$75.00		

2.	Ownership:			
	☐ Sole Proprietor	☐ Partnership	☐ Unincorporated Busine	ss
Name	and title for each owner/officer, in	ncluding professional	designation (e.g. Pres. John Jones,	PharmD)
3.	Pharmacist in Charge:			
	Name			KY License No.
	Kentucky Pharmacy Regulation pharmacist personnel change		quires Pharmacist in Charge to not	ify the Board within fourteen (14) calendar days of all
4.	Qualifying Questions			
	Has applicant, or any ov any felony under federa			oyee of the applicant, ever been convicted of
	☐ Yes, attach e		□ No	
		nit revoked or sus	s], officer [s], agent or empl pended by any federal, stat □ No	oyee of the applicant, ever has a wholesale te, or local government?
				oyee of the applicant, ever been convicted wholesale or retail drug distribution of
	☐ Yes, attach e	explanation	□ No	
	=	making or causin		orarily suspend, revoke, fine or reasonably restr audulent or forged statement in connection with
Cabiı	ucky Revised Statutes Chap net for Health and Family S I compliance with all federa	oters 217, 218A, a ervices pertaining	and 315 and the regulations to the practice of pharmac	ny knowledge, that I have read and understand s of the Kentucky Board of Pharmacy and the sy and certify that this pharmacy will be conduc ently licensed and in good standing in all states
	(Original Signature of C	Dwner)		(Original Signature of Pharmacist in Charge)
	(Date)			(Date)