

Boards and Commissions

Kentucky Board of Pharmacy

(Amendment)

201 KAR 2:225. Special limited pharmacy permit – Medical gas.

RELATES TO: KRS 217.015(11), 315.010(9), 315.020, 315.035, 315.191(1)(a)

STATUTORY AUTHORITY: KRS 315.020, 315.035, 315.191(1)(a)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 315.191(1)(a) authorizes the

board to promulgate administrative regulations to regulate and control all matters set

forth in KRS Chapter 315 relating to pharmacists and pharmacies. This

administrative regulation establishes, consistent with the requirements of KRS

315.191(1)(a), minimum requirements for the permitting of those entities that

distribute medical gases.

Section 1. Definitions. (1) "Medical gases means gases (including liquefied gases)

classified by FDA as drugs or devices that are used for medical applications and

which may be stored and administered through the use of Medical Gas Related

Equipment, which may or may not be required under Federal or State law for the

immediate container to bear the label, "Rx only" or "Caution: Federal or State law

prohibits dispensing without a prescription.

(2) "Special limited pharmacy permits" means a permit issued to a pharmacy that

provides miscellaneous specialized pharmacy service and functions.

Section 2. General Requirements. (1)(a) An applicant for a special limited pharmacy permit for medical gases shall comply with the requirements of 201 KAR 2:180, except Section 5 and 201 KAR 2:205, except that the pharmacist-in-charge designated on the special permit shall be exempt from the requirements of 201 KAR 2:205, Section 2(2).

(b) The pharmacist-in-charge shall review the records and do an onsite visit of the special limited pharmacy permit application for medical gases not less than once each quarter.

(2) An applicant for a special limited pharmacy permit for medical gases shall prepare and adopt a policy and procedures manual that sets forth a detailed description of how the:

(a) Operation will comply with applicable federal, state, or local laws or administrative regulations; and

(b) Licensee will maintain the premises so that the medical gas remains secure and complies with applicable compendial monographs of official pharmacopoeias.

(3) An applicant for a special limited pharmacy permit for medical gas shall be inspected by the board prior to the issuance of the license.

Section 3. Qualifications for License. (1) The board shall consider the following in reviewing the qualifications of an applicant for a special limited pharmacy permit for medical gases:

(a) The applicant's experience in the sale or distribution of prescription drugs, including controlled substances;

(b) A felony conviction of the applicant under federal, state, or local laws;

- (c) The furnishing by the applicant of false or fraudulent material in a previous application for:
1. A special limited pharmacy permit for medical gases; or
  2. A federal or state medical assistance program;
- (d) Suspension or revocation of an applicant's license or permit by federal, state, or local government; and
- (e) Compliance with requirements under a previously granted license or permit.
- (2) The board shall deny an application for a special limited pharmacy permit for medical gases, if an applicant has:
- (a) Been convicted for a violation of federal, state, or local laws relating to:
    1. The practice of pharmacy;
    2. Drugs; or
    3. Federal or state medical assistance programs.
  - (b) Furnished false or fraudulent material in the application for a special limited pharmacy permit for medical gases;
  - (c) Failed to maintain or make available required records to the:
    1. Board; or
    2. Federal, state, or local law enforcement officials;
  - (d) Failed to comply with applicable federal, state, and local laws and regulations relating to medical gas; or
  - (e) Failed to provide appropriate land, buildings, and security necessary to properly carry on the business described in his application.

Section 4. License Fees; Renewals. An applicant shall submit:

(1) An initial or renewal application for a special limited pharmacy permit medical gases on either the “Application for Special Limited Pharmacy Permit Medical Gas” or the “Application for Special Limited Pharmacy Permit – Medical Gas Renewal”; and

(2) As appropriate, the:

(a) Initial application fee established by 201 KAR 2:050, Section 1(8); or

(b) Renewal fee established by 201 KAR 2:050, Section 1(9).

Section 5. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) “Application for Special Limited Pharmacy Permit – Medical Gas”, June 2023~~[March 2022]~~; ~~[and]~~

(b) “Application for Special Limited Pharmacy Permit – Medical Gas Renewal”, June 2023; ~~[March 2022.]~~

(c) “Application for Nonresident Special Limited Pharmacy Permit – Medical Gas”, June 2023; and

(d) “Application for Nonresident Special Limited Pharmacy Permit –Medical Gas”, June 2023.

(2) This form may be obtained, inspected, or copied at the Kentucky Board of Pharmacy, 125 Holmes Street Suite 300, Frankfort, Kentucky 40601-8204, 8 a.m. to 4:30 p.m., Monday through Friday. This material is also available on the board's Web site at <https://pharmacy.ky.gov/Businesses/Pages/Pharmacy.aspx>.



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Christopher P. Harlow, Pharm.D.  
Executive Director  
Kentucky Board of Pharmacy

June 7, 2023

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Date

## PUBLIC HEARING AND PUBLIC COMMENT PERIOD:

A public hearing on this administrative regulation shall be held on August 30, 2023, at 10:00 a.m. Eastern Time via zoom teleconference. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing is received by that date, the hearing may be canceled. This hearing is open to the public. Any person who wishes to be heard will be given an opportunity to comment on the proposed administrative regulation. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through August 31, 2023. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

Contact person: Christopher Harlow, Executive Director, Kentucky Board of Pharmacy, 125 Holmes Street, Suite 300, State Office Building Annex, Frankfort, Kentucky 40601, phone (502) 564-7910, fax (502) 696-3806, email Christopher.harlow@ky.gov.

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 2:225. Special limited pharmacy permit-medical gas.  
Contact person: Christopher Harlow, Phone 502-564-7910, email  
christopher.harlow@ky.gov

(1) Provide a brief summary of:

(a) What this administrative regulation does: This administrative regulation establishes the requirements for the special limited pharmacy permit for medical gas.

(b) The necessity of this administrative regulation: KRS 315.191(1)(a) authorizes the Board of Pharmacy to promulgate administrative regulations with minimum requirements for the permitting of those entities that provide non-dispensing pharmacy services.

This administrative regulation establishes the requirements for the special limited pharmacy permit medical gas.

(c) How this administrative regulation conforms to the content of the authorizing statutes: This administrative regulation establishes the requirements for the special limited pharmacy permit medical gas.

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation establishes criteria for a permit for medical gas since the regulation of medical gas is different from other prescription drugs.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: This amendment only changes the forms incorporated by reference due to a proposed fee change in 201 KAR 2:050.

(b) The necessity of the amendment to this administrative regulation: The forms needed to be congruent with 201 KAR 2:050.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 315.191(1)(a) authorizes the board to promulgate administrative regulations pertaining to pharmacists and pharmacies.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will further promote, preserve, and protect public health through effective regulation of pharmacists and pharmacies by ensuring the forms comply with the provisions in the law.

(3) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: The board anticipates pharmacies and pharmacists will be affected minimally by this regulation amendment.

(4) Provide an analysis of how the entities identified in question (3) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (3) will have to take to comply with this administrative regulation or amendment: Pharmacies and pharmacists will have to familiarize themselves with amended language. The board will help to educate pharmacists and pharmacies in these changes.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The only fee is for the application for the permit and renewal of the permit. This includes a proposed \$150 fee.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): Quicker turn-around of applications and questions of the board.

(5) Provide an estimate of how much it will cost to implement this administrative Regulation:

(a) Initially: No costs will be incurred.

(b) On a continuing basis: No costs will be incurred.

(6) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation: Board revenues from pre-existing fees provide the funding to enforce the regulation.

(7) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: This regulation does not directly increase fees but 201 KAR 2:050 does increase the fee by fifty-dollars.

(8) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish fees directly but 201 KAR 2:050 does increase the fee by \$25.

(9) TIERING: Is tiering applied? (Explain why tiering was or was not used) Tiering is not applied because the regulation is applicable to all special limited medical gas permit holders.

## FISCAL NOTE

Regulation No. 201 KAR 2:225. Special Limited Pharmacy Permit—medical gas.

Contact Person: Christopher Harlow, Phone 502-564-7910

Email: Christopher.harlow@ky.gov

(1) What units, parts, or divisions of state or local government (including cities, counties, fire departments, or school districts) will be impacted by this administrative regulation? The Kentucky Board of Pharmacy will be impacted by this administrative regulation.

(2) Identify each state or federal statute or federal regulation that requires or authorizes the action taken by the administrative regulation. KRS 315.191(1)(a).

(3) Estimate the effect of this administrative regulation on the expenditures and revenues of a state or local government agency (including cities, counties, fire departments, or school districts) for the first full year the administrative regulation is to be in effect.

(a) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for the first year? This administrative regulation will not generate revenue for the board in the first year.

(b) How much revenue will this administrative regulation generate for the state or local government (including cities, counties, fire departments, or school districts) for subsequent years? This administrative regulation will not generate revenue for the board in subsequent years.

(c) How much will it cost to administer this program for the first year? It costs roughly \$35,000 to administer this program.

(d) How much will it cost to administer this program for subsequent years? Unless we acquire more permit holders, the costs will remain the same.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation. N/A

Revenues (+/-): +35,400

Expenditures (+/-): -35,400

Other Explanation:

(4) Estimate the effect of this administrative regulation on the expenditures and cost savings of regulated entities for the first full year the administrative regulation is to be in effect.

(a) How much cost savings will this administrative regulation generate for the

regulated entities for the first year? None

(b) How much cost savings will this administrative regulation generate for the regulated entities for subsequent years? None.

(c) How much will it cost the regulated entities for the first year? \$150 annually.

(d) How much will it cost the regulated entities for subsequent years? \$150 annually.

Note: If specific dollar estimates cannot be determined, provide a brief narrative to explain the fiscal impact of the administrative regulation.

Cost Savings (+/-): 0

Expenditures (+/-): -150

Other Explanation:

(5) Explain whether this administrative regulation will have a major economic impact, as defined below. "Major economic impact" means an overall negative or adverse economic impact from an administrative regulation of five hundred thousand dollars (\$500,000) or more on state or local government or regulated entities, in aggregate, as determined by the promulgating administrative bodies. [KRS 13A.010(13)] This regulation does not have major economic impact.

### Summary of Material Incorporated by Reference

The “Application for Special Limited Pharmacy Permit – Medical Gas”, June 2023 form is a 6-page document to be utilized by applicants for an initial permit.

The “Application for Special Limited Pharmacy Permit – Medical Gas Renewal”, June 2023 form is a 5-page document to be utilized by applicants for annual permit renewal.

The “Nonresident Application for Special Limited Pharmacy Permit – Medical Gas”, June 2023 form is a 6-page document to be utilized by nonresident applicants for an initial permit.

The “Nonresident Application for Special Limited Pharmacy Permit – Medical Gas Renewal”, June 2023 form is a 5-page document to be utilized by applicants for an initial permit.

### Summary of Changes to Material Incorporated by Reference

Both the “Application for Special Limited Pharmacy Permit – Medical Gas” and “Application for Special Limited Pharmacy Permit – Medical Gas Renewal” were amended to ask for the website address, how the entity is registered with the Kentucky Secretary of State, and to include changes to formatting, the exclusion of content that is no longer relevant and the inclusion of content that is relevant in assessing if a license should be issued or renewed. The nonresident applications are new.



**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](mailto:pharmacy.board@ky.gov)  
<http://pharmacy.ky.gov>

**Application for Special Limited Pharmacy Permit - Medical Gas**

*Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail 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.*

1. Name of Facility \_\_\_\_\_

**Physical Address of Facility**

\_\_\_\_\_  
(Street and Number)

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Website Address:** \_\_\_\_\_

**Mailing Address of Facility**

\_\_\_\_\_  
(Street and Number)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check and complete one of the following and attach proper fee:**

☐ New Facility ..... ~~\$150.00~~ **125.00**

Proposed date of Opening \_\_\_\_\_

(Filed with Board 30 days in advance of Opening) OR Current Permit No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

(In State where presently located)

☐ Change of Ownership ..... ~~\$150.00~~ **75.00**

Date of Proposed Acquisition \_\_\_\_\_

Name of Previous Owner(s) \_\_\_\_\_

(Confirmation statement of previous owner must be attached)

☐ Change of Address/Location ..... ~~\$150.00~~ **75.00**

Date of Proposed Relocation \_\_\_\_\_

Previous Address \_\_\_\_\_

☐ Name Change ..... **NO CHARGE**

Previous Name \_\_\_\_\_

**2. Ownership:**

**How are you registered with the Kentucky Secretary of State?**

☐ Sole Proprietor    ☐ Partnership    ☐ Unincorporated Business    ☐ Incorporated Business

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

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**Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.**    Yes, please attach statement    No

**3. Pharmacist in Charge:**

Name

KY License No.

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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.

**4. Schedule of Hours:**

Monday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Friday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Tuesday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Saturday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Wednesday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Sunday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

Thursday . . . \_\_\_\_\_ AM to \_\_\_\_\_ PM

The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.

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.*

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(Original Signature of Owner)

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(Original Signature of Pharmacist in Charge)

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(Date)

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(Date)

I hereby certify that the above **Application for Pharmacy Permit** was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_ Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above **Application for Pharmacy Permit** was signed, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By: \_\_\_\_\_ Signature \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

KENTUCKY BOARD OF PHARMACY  
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<http://pharmacy.ky.gov>



## Application for Special Limited Pharmacy Permit ⇨ Medical Gas

*Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail 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.*

### I. Facility Information:

Name of Facility:

Physical Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Mailing address of facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:

Fax number:

Website Address:

## II. Check and complete one of the following and attach proper fee:

☐ **New Facility → \$150.00**

Proposed date of opening:

(Filed with board 30 days in advance of opening)

**OR** Current Permit No. :

Exp. Date:

(In State where presently located)

☐ **Change of Ownership → \$150.00**

Proposed date of Acquisition:

Name of Previous Owner(s):

(Confirmation statement of previous owner must be attached)

☐ **Change of Address/Location → \$150.00**

Date of Proposed Relocation:

Previous Address:

☐ **Name Change → NO CHARGE**

Previous Name:

### III. Ownership:

How is the facility registered with the Secretary of State?

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ LLC
- ☐ Corporation
- ☐ Other

★★ 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:

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Name:

Title:

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Name:

Title:

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(Use supplemental information page if necessary)

**IV. Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
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*\*If yes:* please attach statement

**V. Pharmacist in Charge:**

Name:	KY License No.:
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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.

**VI. Schedule of 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:  

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

[illegible]

*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.***

**Original Signature of Pharmacist in Charge:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

**Original Signature of Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

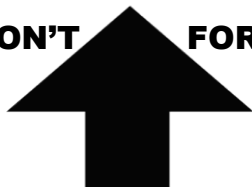
By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

Kentucky Permit Number  
**MG**\_\_\_\_\_

**DON'T FORGET!**



**KENTUCKY BOARD OF PHARMACY**  
State Office Building Annex, Suite 300  
125 Holmes Street  
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<http://pharmacy.ky.gov>

**APPLICATION FOR SPECIAL LIMITED PHARMACY PERMIT - MEDICAL GAS RENEWAL**

Enclose a check or money order for \$~~150.00~~~~125.00~~, 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 to the Board office no later than June 30<sup>th</sup>. All renewals received after June 30<sup>th</sup> will be assessed a delinquent fee of \$~~150.00~~~~100.00~~ pursuant to 201 KAR 2:050, Section 1(~~10~~)(14).

Facility Name \_\_\_\_\_ Permit No. \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_  
Website Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.**

**OWNERSHIP:**

How are you registered with the Kentucky Secretary of State?

\_\_\_\_Sole Proprietor \_\_\_\_Partnership \_\_\_\_Corporation \_\_\_\_LLC \_\_\_\_Other

Name and title for each owner/officer, including professional designation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the pharmacy or any owners individually been subject to discipline in any jurisdiction not previously reported?

If so, please provide the state, case number and summary of discipline assessed. \_\_\_\_Yes, please attach statement

\_\_\_\_No

**PHARMACIST IN CHARGE\*:**

Name \_\_\_\_\_

KY License No. \_\_\_\_\_

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

**SCHEDULE OF STORE HOURS:**

Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.

Monday . . . . . to Thursday . . . . . to

Tuesday . . . . . to Friday . . . . . to

Wednesday . . . . . to Saturday . . . . . to

Sunday . . . . . to

**Have you had a Pharmacy license/permit surrendered to or fined, suspended, probated, or revoked by any Board of Pharmacy which you have not previously reported to this Board?** \_\_\_\_\_ **Yes, attach an explanation** \_\_\_\_\_ **No**

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 and 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. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].*

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Owner)

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

\_\_\_\_\_  
Signature

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_

KENTUCKY BOARD OF PHARMACY  
State Office Building Annex, Suite 300  
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Email: [pharmacy.board@ky.gov](mailto:pharmacy.board@ky.gov)  
<http://pharmacy.ky.gov>



## Application for Special Limited Pharmacy Permit ⇨ Medical Gas 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 to the Board office no later than June 30<sup>th</sup>. All renewals received after June 30<sup>th</sup> will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.**

### I. Facility Information:

Name of Facility:

Kentucky Permit Number:

Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:

Fax number:

Website Address:

## II. Ownership:

### How are you registered with the Kentucky Secretary of State?

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ LLC
- ☐ Corporation
- ☐ Other

★★ 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 the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.**

<input type="checkbox"/> <b>YES*</b>	<input type="checkbox"/> <b>NO</b>
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*\*If yes:* please attach statement

**IV. Pharmacist in Charge:**

Name:	KY License No.:
-------	-----------------

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 Store 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:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

## Supplemental Information Page:

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*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 and 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. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].***

**Original Signature of Pharmacist in Charge:**

**Date:**

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

By:

**Signature:**

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

**Original Signature of Owner:**

**Date:**

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

By:

**Signature:**

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

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](mailto:pharmacy.board@ky.gov)  
<http://pharmacy.ky.gov>



## Application for Nonresident Special Limited Pharmacy Permit ⇨ Medical Gas

*Please print legibly. Make check or money order payable to 'Kentucky State Treasurer' or pay online at <https://secure.kentucky.gov/formservices/Pharmacy/VirtualTerminal>. Mail 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.*

### I. Facility Information:

Name of Facility:

Physical Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Mailing address of facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:

Fax number:

Website Address:

## II. Check and complete one of the following and attach proper fee:

☐ **New Facility → \$150.00**

Current Permit No. :

Exp. Date:

(In State where presently located)

☐ **Change of Ownership → \$150.00**

Proposed date of Acquisition:

Name of Previous Owner(s):

(Confirmation statement of previous owner must be attached)

☐ **Change of Address/Location → \$150.00**

Date of Proposed Relocation:

Previous Address:

☐ **Name Change → NO CHARGE**

Previous Name:

### III. Ownership:

How is the facility registered with the Secretary of State?

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ LLC
- ☐ Corporation
- ☐ Other

★★ **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)

**IV. Has the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.**

<input type="checkbox"/> YES*	<input type="checkbox"/> NO
-------------------------------	-----------------------------

*\*If yes:* please attach statement

**V. Pharmacist in Charge:**

Name:	KY License No.:
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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.

**VI. Schedule of 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:  

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

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*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.***

**Original Signature of Pharmacist in Charge:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

**Original Signature of Owner:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

By: \_\_\_\_\_

**Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

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](mailto:pharmacy.board@ky.gov)  
<http://pharmacy.ky.gov>



## Application for Nonresident Special Limited Pharmacy Permit ⇨ Medical Gas 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 to the Board office no later than June 30<sup>th</sup>. All renewals received after June 30<sup>th</sup> will be assessed a delinquent fee of \$150.00 pursuant to 201 KAR 2:050, Section 1(10).

**INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED.**

### I. Facility Information:

Name of Facility:

Kentucky Permit Number:

Address of Facility:

CITY:

STATE:

COUNTY:

ZIP:

Email:

Phone number:

Fax number:

Website Address:

## II. Ownership:

### How are you registered with the Kentucky Secretary of State?

- ☐ Sole Proprietor
- ☐ Partnership
- ☐ LLC
- ☐ Corporation
- ☐ Other

### ★★ 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 the pharmacy or any owners individually been subject to discipline in any jurisdiction? If so, please provide the state, case number and summary of discipline assessed.**

<input type="checkbox"/> <b>YES*</b>	<input type="checkbox"/> <b>NO</b>
--------------------------------------	------------------------------------

*\*If yes:* please attach statement

**IV. Pharmacist in Charge:**

Name:	KY License No.:
-------	-----------------

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 Store 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:

(The Pharmacist in charge must notify the Board within fourteen (14) days of any changes in scheduled hours.)

## Supplemental Information Page:

[illegible]

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***I hereby certify that the foregoing is true and correct to the best of my knowledge and 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. [If applicable, this pharmacy is currently licensed and in good standing in all states of licensure].***

**Original Signature of Pharmacist in Charge:**

**Date:**

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

By:

**Signature:**

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.

**Original Signature of Owner:**

**Date:**

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

By:

**Signature:**

My Commission Expires \_\_\_\_\_ State of \_\_\_\_\_.