



PHARMACY APPLICATION

February 2021

Click on NEW PHARMACY to access the pharmacy registration application

North Carolina Board of Pharmacy Licensure Gateway

Welcome to the Licensure Gateway!

The Gateway is a single portal to manage licenses, permits and registrations associated with the North Carolina Board of Pharmacy. It grants access to printable documents, change of address, online applications and many more features. The Gateway is used to submit all license, permit and registration applications.

2021 RENEWAL PERIOD BEGINS NOVEMBER 1, 2020

Renewal Instructions: Pharmacists, Technicians, Dispensing Physicians, PAs, NPs

Renewal Instructions: Pharmacies and DMEs

- For Pharmacies and DME's click on the [Facility Management](#) tab below.
- For users wishing to manage chain facilities, please click on the [Chain Management](#) tab below.
- All others click on the [Register Now!](#) button below if this is your first time visiting the Licensure Gateway.

Personal Licenses | Facility Management | Chain Management

* Permit Type

* Permit # or Confirmation # (for pending applications)

* Password

Login

NEW Pharmacy

NEW DME

If you leave home, know your Ws!

WEAR a cloth covering over your nose and mouth.

WAIT 6 feet apart. Avoid close contact.

WASH your hands or use hand sanitizer.

@NCDHHS #StayStrongNC

Leading Questions

For the Registration Application

Qualification Questions

*Does this pharmacy location have an existing Pharmacy permit number? Yes No

Proceed with Application

For Re-Registration Application and Transfer of Ownership Application

Qualification Questions

- *Does this pharmacy location have an existing Pharmacy permit number? Yes No
- *Is this application being submitted due to a change of location? Yes No

Please login and complete the Re-Registration application on Facility Management by clicking [Facility Management Login](#)

Qualification Questions

- *Does this pharmacy location have an existing Pharmacy permit number? Yes No
- *Is this application being submitted due to a change of location? Yes No
- *Is this application being submitted due to a change in ownership? Yes No

Please login and complete the Transfer of Ownership application on Facility Management by clicking [Facility Management Login](#)

Application Start

Pharmacy

Pharmacy Services

Discipline

Operation

Ownership

Officers

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Business Registration

Reference Library

Out Of State License

GPS Coordinates

Employee Misclassification

Verification

Uploads

Payment

Confirmation

NOTICE: All fees are due at application submission and are **NON-REFUNDABLE**. The fee for this application is **\$500.00**.
As a security precaution, sessions end after 20 minutes of inactivity which will result in the application being lost.

This application is only for pharmacies that have never been permitted in North Carolina. To access the Transfer of Ownership Application or the Re-Registration Application, for an existing permit, please log in under the permit number.

*Please review the instruction links below to gather all the documents that will be needed to complete the facility application. All uploads will be **REQUIRED** for submission of the application and incomplete applications will not be saved.*

[Instate Instructions](#)

[Out-of-State Instructions](#)

* I have reviewed and understand the requirements for this application submission as outlined in the links above. I Agree

WARNING: Under North Carolina Law, making "false representations or with[holding] material information in connection with securing a license or permit" is grounds for "refus[ing] to grant. . . a license to practice pharmacy." N.C.G.S. § 90-85.38(a)(1). Any license or permit obtained through false representation or withholding of material information shall be void and of no effect. N.C.G.S. § 90-85.38(c).

*Is this an In-State or Out of State application? In-State Out of State

Please click the link below to review the requirements for the In-State Pharmacy Permit application. NOTE: ALL required documentation listed in STEP 1 of the document below will be required at the end of this application in order for the application to be submitted.

[Click here for application requirements](#)

*Is the pharmacy currently operational? Yes No

*Anticipated Opening Date

Please inform the North Carolina Board of Pharmacy of any changes in this date as soon as possible.

* NABP Business e-Profile Number: ?

*Are you the Pharmacist Manager? Yes No

Application Start

- This is an instate pharmacy example
- An error message will appear if someone other than the PM is submitting the application
- NABP Business e-profile number is required

- Qualification Questions ✓
- Application Start ✓
- Pharmacy +
- Pharmacist Manager
- Staff List
- Pharmacy Services
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- Employee Misclassification
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Pharmacy

Pharmacy Corporate Name (if applicable):

* Pharmacy DBA Name:
(If you have a Corporate Name and no DBA, please fill in the Corporate Name for DBA)

Pharmacy Physical Address

* Pharmacy Address 1:

Pharmacy Address 2:

* Zip, City, State:

* County (NC Only):

* Pharmacy Email:

Add Mailing Address below if different than physical address, no corporate mailing addresses here please.

Addresses + Add Address

Phone Numbers + Add Phone Number

* Days of Operation: ex. Mon, Tues, Wed, Thur, Fri

* Hours of Operation: ex. 9am-8pm

* Total Hours Open Per Week:

DEA registration #:

* Employer Identification #:

Pharmacy info

- Gathers info about the pharmacy: Name, address, hours of operation, email address for the facility, DEA number (if applicable), and EIN number.

Pharmacist Manager

Pharmacist Manager + Add Pharmacy Manager

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Pharmacist Manager

Pharmacist Manager + Add Pharmacy Manager

 

License Status: Active
Position: Pharmacy Manager -
Hours Per Week: 40
Email: mbetz@ncbop.org

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Adding the Pharmacist-Manager

- The system allows you to search our database by first and last name or by Pharmacist license number.
- The system only allows for one PM. If you click the ADD PHARMACY MANAGER button after one has been entered, you get an error message

Entering staff

Staff List

Please enter the staff pharmacists and/or PAs and NPs that will be employed in the pharmacy. Do not add Technicians to the application. Once the pharmacy has been permitted, then technicians may be added. Do not list the Pharmacist Manager in this section.

Staff Employed

+ Add Staff

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Qualification Questions	✓
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Pharmacist Manager	✓
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Pharmacy Services

1. * Limited Service permit? Yes No
2. * Does this pharmacy compound? Yes No
3. * Does this pharmacy also dispense Durable Medical Equipment? Yes No
4. * Does this pharmacy specialize in Nuclear Pharmacy? Yes No
5. * Does this pharmacy specialize in (or is this pharmacy certified in) certain pharmacy services? Yes No
6. * Has the Pharmacy ever applied for a "VPP" inspection or had a "VPP" inspection conducted by National Association of Boards of Pharmacy ("NABP")? Yes No
7. * Does this pharmacy donate or dispense donated prescription drugs, devices, or supplies under 21 NCAC 46.2513? Yes No
8. * Does the applicant pharmacy, any affiliate (including, but not limited to, a parent company or controlling corporation), or any assignee operate a website? This includes any website affiliated with the applicant pharmacy regardless of whether the applicant pharmacy is or is not an "internet pharmacy". Yes No
9. Does the pharmacy, any affiliate, or any assignee use the internet (including electronic mail) – either itself, or through any business or other agreement with a third party – to communicate with or obtain information from patients/consumers; and use such information, in whole or in part:
 - a. * To solicit original prescriptions? Yes No
 - b. * To prescribe prescription drugs? Yes No
 - c. * To provide consults to patients seeking to obtain prescription drugs? Yes No
 - d. * To refer patients to physicians, nurse practitioners, physician assistants, or any other health-care providers for consultation? Yes No
10. * Is the pharmacy accredited or certified by any organization? Yes No
11. * Has the pharmacy ever been denied accreditation? Yes No
12. * Has the Applicant Pharmacy, any affiliate, or any assignee shipped or otherwise delivered any prescription drug product – including any compounded drug product – to any patient (human or animal), to any practitioner (including veterinarians), or to any other entity for purposes of resale? Yes No
13. * EIN # Yes No
14. DEA # Yes No
15. * NABP Business E-Profile #: Yes No
16. * Does the facility offer vaccines? Yes No
17. * Does this pharmacy hold a CLIA waiver? Yes No

Pharmacy Services

Pharmacy Services

1. * Limited Service permit? Yes No
2. * Does this pharmacy compound? Yes No
- a. * Does this pharmacy engage in non-sterile compounding?
- * Does pharmacy compound with any Hazardous components? Yes No
- b. * Does this pharmacy engage in sterile compounding? Yes No
- Per USP 797 standards, does the pharmacy engage in: ([Risk Level Guidance Document may be found here](#))
- * Low-risk sterile compounding? Yes No
- * Medium-risk sterile compounding? Yes No
- * High-risk sterile compounding? Yes No
- * Does pharmacy compound with any Hazardous components? Yes No
- c. * Is the pharmacist-manager knowledgeable in the specialized functions of preparing, labeling, and dispensing compounded drug preparations? See [Rule 21 NCAC 46.2801\(g\) - COMPOUNDING](#). Yes No
3. * Does this pharmacy also dispense Durable Medical Equipment? Yes No
4. * Does this pharmacy specialize in Nuclear Pharmacy? Yes No
5. * Does this pharmacy specialize in (or is this pharmacy certified in) certain pharmacy services? Yes No
- * If "yes," please indicate primary type of specialty:
6. * Has the Pharmacy ever applied for a "VPP" inspection or had a "VPP" inspection conducted by National Association of Boards of Pharmacy ("NABP")? Yes No
- Date of VPP Inspection:
7. * Does this pharmacy donate or dispense donated prescription drugs, devices, or supplies under 21 NCAC 46.2513? Yes No

8. * Does the applicant pharmacy, any affiliate (including, but not limited to, a parent company or controlling corporation), or any assignee operate a website? This includes any website affiliated with the applicant pharmacy regardless of whether the applicant pharmacy is or is not an "internet pharmacy". Yes No

If the applicant pharmacy, any affiliate or any assignee, operates a website, then please provide the URL address(es) of all affiliated websites and describe the relationship between the applicant pharmacy and the entity operating the website(s).

www.test.com

9. Does the pharmacy, any affiliate, or any assignee use the internet (including electronic mail) – either itself, or through any business or other agreement with a third party – to communicate with or obtain information from patients/consumers; and use such information, in whole or in part:
- a. * To solicit original prescriptions? Yes No
- b. * To prescribe prescription drugs? Yes No
- c. * To provide consults to patients seeking to obtain prescription drugs? Yes No
- d. * To refer patients to physicians, nurse practitioners, physician assistants, or any other health-care providers for consultation? Yes No

* If you answered yes to any of the above questions, please provide an upload of VIPPS accreditation certificate or .pharmacy URL

www.123pharmacy.pharmacy

10. * Is the pharmacy accredited or certified by any organization? Yes No

* Please list all organizations that have accredited or certified the Applicant Pharmacy's practices:

Test

11. * Has the pharmacy ever been denied accreditation? Yes No

* If "yes," please explain in detail:

Test

12. * Has the Applicant Pharmacy, any affiliate, or any assignee shipped or otherwise delivered any prescription drug product – including any compounded drug product – to any patient (human or animal), to any practitioner (including veterinarians), or to any other entity for purposes of resale? Yes No

13. * EIN #

14. DEA #

15. * NABP Business E-Profile #:

16. * Does the facility offer vaccines? Yes No

17. * Does this pharmacy hold a CLIA waiver? Yes No

* If yes, provide the waiver expiration date:

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Discipline

Discipline

*Has the Pharmacy, the pharmacy owner/corporate officer, the Pharmacist-Manager, any staff pharmacist, or any pharmacy technician been charged or disciplined by any licensing authority, permitting authority, or any agency, federal or state? Discipline includes, but is not limited to, any letter of warning, reprimand, monetary fine, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation. If yes, please provide the Board with appropriate documentation, including but not limited to, the charging document(s) and any disposition of the charge.

Yes No

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Discipline Detected

You have answered "Yes" to one or more of the questions regarding criminal history, disciplinary history, substance use disorder history, or employment history.

Required documentation:

- Please upload the required documentation at the end of this application.
- Please provide your personal statement here.

Please provide your personal statement.

Test|

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Pharmacy Operation

Operation

*Pharmacy Type:

Incorporated or organized in the state of:

Incorporated or organized on (Date):

Operation

*Pharmacy Type:

Incorporated or orga

Incorporated or orga

- "Free" Clinic
- Automated Dispensing System
- Chain
- Health Department
- Hospital
- Independent
- Infusion
- Nursing Home
- Other

Ownership

Please list all individuals or entities that own a percentage of the company. The total ownership must add up to 100%.

Owners

+ Add Owner

Additional Ownership Information

Does any person, corporation, partnership, or any other entity that owns a portion of, controls, or has a beneficial interest in the applicant (either directly or indirectly) also own any portion of, control, or have any beneficial interest (either directly or indirectly) in any other pharmacy (whether permitted in North Carolina or not), other than a publicly traded corporation? If so, respond to the appropriate question below:

- * A) The entity that is the proposed permit holder owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: Yes No
- * B) One or more entities with an ownership or other beneficial interest in the proposed permit holder owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: Yes No
- * C) One or more owners, officers, or employees of the proposed permit holder (or any family member of such person) owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: Yes No
- * D) One or more owners, officers, or employees of an entity with an ownership of other beneficial interest in the proposed permit holder (or any family of any such person) owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: Yes No

If the answer to any of the above is yes, attach a list of each such pharmacy, list the person or entity with an ownership or other beneficial interest, describe the nature of that interest, and state whether the pharmacy has applied for, holds, or denied a North Carolina pharmacy permit.

Business Model

Please provide a detailed description of your business model. Please include the types of medications that are being dispensed, types of patients served, if the applicant has a call center, if the applicant pharmacy has a corporate office, and if any function of prescription processing is done at another location.

Additionally, please disclose all operational affiliations with other pharmacies, including, but not limited to, central fill agreements and shared services agreements.

Max length: 2000

Ownership Info and Business Model

Officer info

Officers

Please list the officers of the company.

Officers

+ Add Officer

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Previous Application

Previous Application

*Has the applicant pharmacy ever previously applied for a pharmacy permit in North Carolina?

Yes No

* I attest that I understand that if the applicant pharmacy, any affiliate or any assignee previously shipped or otherwise delivered any prescription drug product or any prescription medical device to any patient or practitioner in North Carolina, I am required to upload records showing the prescriber, the patient or practitioner to whom the item was dispensed, the item, and the date of dispensing for each and every instance. The Board may request additional information.

I Agree

* I attest that I understand that the applicant pharmacy, any affiliate or any assignee may not ship or otherwise deliver any prescription drugs or medical devices into the State of North Carolina while this application is pending, that I will voluntarily and immediately disclose any such shipments or delivery during the pendency of this application to the Board, and that any such shipments may be grounds for denial of this application.

I Agree

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Business Registration

Business Registration

*Are you registered with the North Carolina Secretary of State as a business? If "yes", provide a copy of the NC Secretary of State registration for the pharmacy.

Yes No

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Cancel / Exit

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Reference Library

Reference Library

* I attest that, as Pharmacist Manager, I'm responsible for obtaining and maintaining a reference library in the pharmacy.

I Attest

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Cancel / Exit

Next

Out Of State License

* Is this Pharmacy business licensed in any other state? Yes No

*If yes, which states:

<input type="checkbox"/> Alabama	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Saskatchewan
<input type="checkbox"/> Alaska	<input type="checkbox"/> Florida	<input type="checkbox"/> Michigan	<input type="checkbox"/> Northern Marianas Islands	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Alberta	<input type="checkbox"/> Georgia	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Northwest Territories	<input type="checkbox"/> South Dakota
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Guam	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Nova Scotia	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Arizona	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Missouri	<input type="checkbox"/> Nunavut	<input type="checkbox"/> Texas
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Idaho	<input type="checkbox"/> Montana	<input type="checkbox"/> Ohio	<input type="checkbox"/> US Virgin Islands
<input type="checkbox"/> Armed Forces Africa/Canada/Europe/Middle East	<input type="checkbox"/> Illinois	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Utah
<input type="checkbox"/> Armed Forces Americas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nevada	<input type="checkbox"/> Ontario	<input type="checkbox"/> Vermont
<input type="checkbox"/> Armed Forces Pacific	<input type="checkbox"/> Iowa	<input type="checkbox"/> New Brunswick	<input type="checkbox"/> Oregon	<input type="checkbox"/> Virginia
<input type="checkbox"/> British Columbia	<input type="checkbox"/> Kansas	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
<input type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Prince Edward Island	<input type="checkbox"/> West Virginia
<input type="checkbox"/> Canada	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> Wisconsin
<input type="checkbox"/> Colorado	<input type="checkbox"/> Maine	<input type="checkbox"/> New York	<input type="checkbox"/> Quebec	<input type="checkbox"/> Wyoming
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Manitoba	<input type="checkbox"/> Newfoundland and Labrador	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Yukon
<input type="checkbox"/> Delaware	<input type="checkbox"/> Maryland			

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Out of State Licenses

- Allows the applicant to click on all states the facility is permitted in

GPS Coordinates

GPS Coordinates

Please enter your pharmacy's GPS coordinates as degree decimal format.

Need help obtaining your pharmacy's GPS coordinates? Click here: <http://www.ncbop.org/gps.htm>

Latitude (North): e.g. 35.9105

Longitude (West): e.g. -78.9833

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Employee Misclassification

Employee Misclassification

Public Notice Statement - Required by N. C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2582
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. *[N.C. Gen. Stat. § 143-762(5)]*

* I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided above. I Agree

* Noting the definition of Employee Misclassification, has the pharmacist-manager, any staff pharmacist, or any pharmacy technician ever been investigated for employee misclassification? Yes No

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Verification and Attestations

Please take a moment to verify all information below. If you see any errors, use the PREVIOUS button, at the bottom of the page, to go back and correct information. Once all information is correct, use the NEXT button, at the bottom of the page, to proceed.

The information furnished in this application is for the use of the North Carolina Board of Pharmacy in the preliminary evaluation of the applicant's qualifications and does not serve as an authorization to practice pharmacy in North Carolina.

1. Application Start

NOTICE: All fees are due at application submission and are NON-REFUNDABLE. The fee for this application is \$500.00.

NABP e-Profile ID: 24050357050

Is the Pharmacy currently operational: No

Anticipated Opening Date: 06/01/2021

Is this an In-State or Out of State application? In-State Application

Please click the link below to review the requirements for the In-State Pharmacy Permit application
[Click here for application requirements](#)

Are you the new Pharmacist Manager? Yes

2. Pharmacist Manager

Pharmacist Manager

License Status: [View](#)
Position: Pharmacy Manager -
Hours Per Week: 40
Email: mbetz@ncbop.org

3. Pharmacy

Pharmacy Corporate Name (if available): ABC Corporation

Pharmacy DBA Name: 123 Pharmacy

Address: 123 Apple St. Chapel Hill, NC 27516

County (NC Only): Orange

Pharmacy Email: mbetz@ncbop.org

Addresses

Phone Numbers

Days of Operation: Mon, Tues, Wed, Thur, Fri

Hours of Operation: 8am-5pm

Total Hours Open Per Week: 40

Pending DEA registration #: 4520254634

Employer Identification #: 12-545454544

4. Pharmacy Services

- Limited Service permit? No
- Does this pharmacy compound? Yes
 - Does this pharmacy engage in non-sterile compounding? Yes
 - Does pharmacy compound with any Hazardous components? Yes
 - Does this pharmacy engage in sterile compounding? Yes
 - Per USP 797 standards, does the pharmacy engage in: (Risk Level Guidance Document may be found here)
 - Low-risk sterile compounding? Yes
 - Medium-risk sterile compounding? Yes
 - High-risk sterile compounding? Yes
 - Does pharmacy compound with any Hazardous components? Yes
 - Is the pharmacist-manager knowledgeable in the specialized functions of preparing, labeling, and dispensing compounded drug preparations? See Rule 21 NCAC 46.2801(g) - COMPOUNDING. Yes
- Does this pharmacy also dispense Durable Medical Equipment? Yes
- Does this pharmacy specialize in Nuclear Pharmacy? Yes
- Does this pharmacy specialize in (or is this pharmacy certified in) certain pharmacy services? Yes
 - If "yes," please indicate primary type of specialty: Chemotherapy
- Has the Pharmacy ever applied for a "VPP" inspection or had a "VPP" inspection conducted by National Association of Boards of Pharmacy ("NABP")? Yes
 - Date of VPP Inspection: 01/05/2021
- Does this pharmacy donate or dispense donated prescription drugs, devices, or supplies under 21 NCAC 46.2513? Yes
- Does the applicant pharmacy, any affiliate (including, but not limited to, a parent company or controlling corporation), or any assignee operate a website? This includes any website affiliated with the applicant pharmacy regardless of whether the applicant pharmacy is or is not an "internet pharmacy". Yes
 - If the applicant pharmacy, any affiliate or any assignee, operates a website, then please provide the URL address(es) of all affiliated websites and describe the relationship between the applicant pharmacy and the entity operating the website(s).
www.test.com
- Does the pharmacy, any affiliate, or any assignee use the internet (including electronic mail) – either itself, or through any business or other agreement with a third party – to communicate with or obtain information from patients/consumers; and use such information, in whole or in part:
 - To solicit original prescriptions? Yes
 - To prescribe prescription drugs? Yes
 - To provide consults to patients seeking to obtain prescription drugs? Yes
 - To refer patients to physicians, nurse practitioners, physician assistants, or any other health-care providers for consultation? Yes

If you answered yes to any of the above questions, please provide an upload of VIPPS accreditation certificate or pharmacy URL
www.123pharmacy.pharmacy

- Is the pharmacy accredited or certified by any organization? Yes
 - Please list all organizations that have accredited or certified the Applicant Pharmacy's practices: Test
- Has the pharmacy ever been denied accreditation? Yes
 - If "yes," please explain in detail: Test
- Has the Applicant Pharmacy, any affiliate, or any assignee shipped or otherwise delivered any prescription drug product – including any compounded drug product – to any patient (human or animal), to any practitioner (including veterinarians), or to any other entity for purposes of resale? Yes
- EIN #: 12-5454545454
- DEA #: 4520254634
- NABP Business E-Profile #: 24050357050
- Does the facility offer vaccines? Yes
- Does this pharmacy hold a CLIA waiver? Yes
 - If yes, provide the waiver expiration date: 12/31/2021

5. Pharmacists

List all Staff Pharmacists employed at this pharmacy. Do not list the Pharmacist Manager.

Pharmacists Employed

6. Discipline

You have answered "Yes" to one or more of the questions regarding criminal history, disciplinary history, substance use disorder history, or employment history.

Required documentation:

- Please upload the required documentation at the end of this application.
- Please provide your personal statement here.

Please provide your personal statement.

Test

Has the Pharmacy, the pharmacy owner/corporate officer, the Pharmacist-Manager, any staff pharmacist, or any pharmacy technician been charged or disciplined by any licensing authority, permitting authority, or any agency, federal or state? Discipline includes, but is not limited to, any letter of warning, reprimand, monetary fine, license suspension or revocation, permit suspension or revocation, or registration suspension or revocation. If yes, please provide the Board with appropriate documentation, including but not limited to, the charging document(s) and any disposition of the charge. Yes

7. Operation

Pharmacy Type: Independent

Incorporated or organized in the state of:

Incorporated or organized on:

8. Ownership Information

Please list all individuals or entities that own a percentage of the company. The total ownership must add up to 100%.

Owners

0015 Farrington Rd.
Chapel Hill, NC 27517
Entity Type: Owner
Owner Type: Individual
Percent Ownership: 100.00%

9. Additional Ownership Information

Does any person, corporation, partnership, or any other entity that owns a portion of, controls, or has a beneficial interest in the applicant (either directly or indirectly) also own any portion of, control, or have any beneficial interest (either directly or indirectly) in any other pharmacy (whether permitted in North Carolina or not), other than a publicly traded corporation? If so, respond to the appropriate question below:

- A) The entity that is the proposed permit holder owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: No
- B) One or more entities with an ownership or other beneficial interest in the proposed permit holder owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: No
- C) One or more owners, officers, or employees of the proposed permit holder (or any family member of such person) owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: No
- D) One or more owners, officers, or employees of an entity with an ownership of other beneficial interest in the proposed permit holder (or any family of any such person) owns a portion of, controls, or has a beneficial interest in another pharmacy (whether permitted in North Carolina, or not). This includes any interest held directly, through a subsidiary or other related entity, or otherwise indirectly: No

If the answer to any of the above is yes, attach a list of each such pharmacy, list the person or entity with an ownership or other beneficial interest, describe the nature of that interest, and state whether the pharmacy has applied for, holds, or denied a North Carolina pharmacy permit.

10. Business Model

Please provide a detailed description of your business model. Please include the types of medications that are being dispensed, types of patients served, if the applicant has a call center, if the applicant pharmacy has a corporate office, and if any function of prescription processing is done at another location.

Test

11. Officer Information

Please list the officers of the company.

Officers

12. Previous Application

Has the applicant pharmacy ever previously applied for a pharmacy permit in North Carolina? No

I attest that I understand that if the applicant pharmacy, any affiliate or any assignee previously shipped or otherwise delivered any prescription drug product or any prescription medical device to any patient or practitioner in North Carolina, I am required to upload records showing the prescriber, the patient or practitioner to whom the item was dispensed, the item, and the date of dispensing for each and every instance. The Board may request additional information. I Agree

I attest that I understand that the applicant pharmacy, any affiliate or any assignee may not ship or otherwise deliver any prescription drugs or medical devices into the State of North Carolina while this application is pending, that I will voluntarily and immediately disclose any such shipments or delivery during the pendency of this application to the Board, and that any such shipments may be grounds for denial of this application. I Agree

13. Business Registration

Are you registered with the North Carolina Secretary of State as a business? If "yes", provide a copy of the NC Secretary of State registration for the pharmacy. Yes

If "no", select one of the following:

14. Reference Library

I attest that a reference library is in the pharmacy. I AGREE

15. Out-of-State License

Is this Pharmacy business licensed in any other state? Yes

If yes, which states:
Nevada
Vermont

16. GPS Coordinates

Please enter your pharmacy's GPS coordinates as degree decimal format.

Latitude (North):

Longitude (West):

17. Employee Misclassification

Public Notice Statement - Required by N. C. Gen. Stat. § 143-764(a)(5), effective December 31, 2017

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department Of Labor), 143-762(a)(3)(Employee Fair Classification Act), 95- 1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding: Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the North Carolina Industrial Commission.

Employee Classification Section North Carolina Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233
Telephone: (919) 807-2562
Fax: (919)715-0282
Email: emp.classification@ic.nc.gov

Employee misclassification is **defined** as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]

I certify that I have read and understand the Public Notice Statement regarding Employee Misclassification provided above. I AGREE

Noting the definition of Employee Misclassification, has the pharmacist-manager, any staff pharmacist, or any pharmacy technician ever been investigated for employee misclassification? No

18. Terms of Agreement

* In submitting this application, I, [REDACTED] attest that the information provided by me in this application is true and correct. I understand that under North Carolina law, NCGS § 90-85.38, "[a]ny . . . permit obtained through false representation or withholding of material information shall be void and of no effect." I further understand that the information provided in this application is material to the Board's determination of whether to issue a permit to **123 Pharmacy**. I further understand that any false representation or withholding of information in this application shall result in the Board's taking action against any permit granted to **123 Pharmacy** including revocation and voiding of such permit.

I Agree

19. Certificate B

* I, [REDACTED] do hereby certify that:

1. I have a current license to practice pharmacy in North Carolina or state of practice.
2. I intend this position as pharmacist-manager is permanent and not temporary for the foreseeable future.
3. I am responsible for the conduct of this pharmacy according to the laws of this state, including, but not limited to, those specified in the Pharmacy Practice Act.
4. Any permit issued is valid only so long as I function as pharmacist-manager, and if I leave the position, the permit will be properly transferred to a successor or returned to the Board office.
5. No pharmacy services will be rendered or prescription drugs dispensed by a person not licensed as a pharmacist, except under the supervision of a person licensed as a pharmacist.
6. Should I be unable to fulfill the duties of pharmacist-manager, I will return the permit to the Board office within 5 days.
7. All licensees and registrants shall give the Board notice of a change of mailing address or a change of place of employment within 30 days after the change.
8. I understand that Pharmacist-Managers have many responsibilities in statutes and rules, including, but not limited to, the following:
 1. Operating the pharmacy in accordance with all laws, Rule .1317 (28);
 2. Proper pharmacy security, Rule .2502 (a);
 3. Be present in the pharmacy at least one half the open hours, on the average, Rule .2502 (b);
 4. Take a controlled substance inventory within 10 days of a Pharmacist-Manager or ownership change, Rule .2502 (c);
 5. Develop and maintain a system to detect drug shortages, Rule.2502 (d);
 6. Maintain control of all keys to the pharmacy or prescription department, Rule .2502 (e);
 7. Have a plan to safeguard records and pharmaceuticals in case of a natural disaster such as a hurricane, Rule .2502 (j);
 8. Remove outdated drugs from stock, Rule .2502 (k);
 9. Report to the Board any deaths due to drugs dispensed through their pharmacy, Rule .2502 (l);
 10. Comply with the Board's Rule on Patient Counseling, Rule .2504.
9. And, if this is an In-State Pharmacy, that all technicians at this location are currently registered with this Board.

I understand that it is the Board's expectation that a pharmacy will begin pharmacy operations within six (6) months of the date that a permit is issued. I understand that if the pharmacy does not begin pharmacy operations within six (6) months, it is the pharmacist-manager's responsibility to contact the Board of Pharmacy with an explanation so that Board staff can determine whether the issued permit remains valid.

I Attest

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20. Certificate C - ONLY for out-of-state pharmacies

I ATTEST

I, [REDACTED] do hereby certify that all information filed to obtain an original permit has not changed. (See Rules .1401 and .1607), or if changed is attached to this application.

By my attestation below I acknowledge that:

1. The facilities of this pharmacy are open to inspection by the employees of the North Carolina Board as provided in Rule .1607 (c);
2. That records will be maintained pursuant to Rule .1607 (b) (1);
3. That information will be provided to the North Carolina Board as specified in Rule .1607 (b) (2) and that a toll-free telephone number will appear on all prescription labels of this pharmacy as specified in Rule .1607 (b) (3);
4. That the North Carolina Board will be notified of any order or decision by a Board of Pharmacy imposing disciplinary action on this pharmacy as provided in Rule .1607(i);
5. Reports of deaths due to drugs dispensed at this pharmacy will be filed pursuant to Rule .1607 (g). Signature of Pharmacist-Manager Date

I ATTEST

21. Pharmacy Manager Attestation - Out of State

I, [REDACTED] do hereby certify that:

1. I am licensed to practice in this jurisdiction, and that I am employed as the pharmacist-manager in the pharmacy for which the issue/reissue of a permit is sought. I do further certify that as pharmacist-manager I am responsible for the conducting and management of the pharmacy for which the issue/reissue of this permit is sought. I understand that the issued/reissued permit is not valid until it is countersigned by me on the face of the permit. I agree as pharmacist-manager to display, in a prominent place in the pharmacy, the permit issued/reissued pursuant to this certification. I understand that is not transferable and that any changes in ownership of the store or pharmacy or in my position as pharmacist-manager requires that the Board be immediately notified. I also certify that I understand the requirements of the laws of the state as they relate to the operation of a pharmacy or drugstore and in particular to the dispensing of drugs and the filling of prescriptions. I do further certify that I understand the requirements of and am willing to assume the responsibility as the pharmacist-manager of the pharmacy for which this certification is made. According to NC GS 90-85.21 and 21 NCAC 46.2502.
2. the pharmacy employs a pharmacist who is responsible for dispensing, shipping, mailing, or delivering dispensed legend drugs into North Carolina and who has met the requirements for licensure equivalent to the requirements for licensure in North Carolina.
3. I am an employee of the pharmacy and am the pharmacist referred to in the Certification of Pharmacy above. I hereby certify that I am subject to the jurisdiction of the Board, the provisions of the North Carolina General Statutes Chapter 90, Article 4A, and the rules adopted by the Board.

I ATTEST

****Example of
Out of State
Attestations****

Uploads

Uploads

Pharmacy Registration Signature Documents:
Certificate A is required to submit the application. This should be signed by Owner or Officer listed on the application. Click the link below to download a copy.

[Certificate A](#)

ATTENTION: Items below are **REQUIRED** to be uploaded before your application can be submitted. The max file size allowed is 5MB.

Please review the instruction links below to gather all the documents that will be needed to complete the facility application. All uploads will be **REQUIRED** for submission of the application and incomplete applications will not be saved.

[Click here for application requirements](#)

Disciplinary Order

Drop files here or click to upload.

Corp. Org. Chart

Drop files here or click to upload.

Secretary of State/Registered Agent Documentation

Drop files here or click to upload.

Certificate A

Drop files here or click to upload.

Exterior Facility Pictures

Drop files here or click to upload.

Interior Facility Pictures

Drop files here or click to upload.

Equipment Pictures

Drop files here or click to upload.

Proof of Occupancy

Drop files here or click to upload.

Prescription Label

Drop files here or click to upload.

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