

APPLICATION FOR PERMIT OR RENEWAL
To Operate a Pharmacy or Drug Store **Phar. _____**
PERMIT EFFECTIVE FROM JULY 1, 2025 THROUGH JUNE 30, 2026

61-02-01-01 Permit Required. No person, partnership, association, or corporation shall conduct a pharmacy in North Dakota without first obtaining a permit to do so from the Board. A fee, set by the Board but not to exceed that prescribed by statute, shall be charged for each permit. Any applicable rule governing the practice of pharmacy shall apply to all permits under this section. Classes of Permits shall be as follows:

<u>Class A</u> - Permit to conduct an Out-Patient Pharmacy. <u>Class C</u> - Permit to conduct a Home Health Care Pharmacy <u>Class E</u> - Permit to conduct a Nuclear Pharmacy. <u>Class F</u> - Permit to conduct a Mail Order Pharmacy. <u>Class H</u> - Permit to conduct a Governmental Agency Pharmacy <u>Class J</u> - Permit to conduct an Office Practice Pharmacy.	<u>Class B</u> - Permit to conduct a Hospital Pharmacy. <u>Class D</u> - Permit to conduct a Long-Term-Care Pharmacy. <u>Class G</u> - Permit to conduct an Out-of-State Pharmacy. <u>Class I</u> - Permit to conduct a Research Pharmacy. <u>Class K</u> - Permit to conduct a Telepharmacy <u>Class L</u> - Permit to conduct a Long-Term-Care [LTC] Dispensing Device
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61-02-01-07 – Renewal of Permits: Each pharmacy permit shall expire on June 30th of each year, and shall be renewed annually by filing an application therefor, ON OR ABOUT JUNE 1st OF EACH YEAR, together with a fee set by the board, but not to exceed that prescribed statute.

PRIMARY CLASS IN WHICH MOST BUSINESS IS DONE _____	FFF \$175.00
Supplemental classes in which the pharmacy also operates _____	Waived
If Delinquent Renewal (after June 1st.) Penalty Required _____	50.00
	Total 225.00

North Dakota State Board of Pharmacy **Application MUST BE type-written or**
1838 E Interstate Ave Suite D
Bismarck ND 58503 *legibly printed or it will be returned*

Application is hereby made by _____
Name of Company, Corporation, LLC , Partnership or Individual Owner

_____	_____	_____	_____
Street Address	City	State	Zip Code

Who presents the following statements in support of right to be granted registration and permit and represents that if such permit is granted, such place will be conducted in full compliance with Chapter 43-15 North Dakota Century Code (NDCC) with existing laws, and with the regulations of the North Dakota State Board of Pharmacy. If any statements hereinafter made are found to be false, the North Dakota State Board of Pharmacy is authorized to cancel and revoke the permit issued upon this application.

1. Pharmacy Name or title under which the is to be carried on: (must be same as DEA title) _____

_____	_____	_____	_____	_____
Street Address	P O Box	City	State	Zip

2. Present ND Permit Number _____ Present DEA Number _____

NCPDP Number _____

ND Secretary of State's Certificate of Authority # _____ dba # _____

www.nd.gov/sos/businessserv/registrations/index.html or 1-800-352-0867 ext 8-4284

3. Give name and address if individual Owner _____

4. If Partnership, list of names and address of all active partners or attach:

5. If corporation, attach list of names and address of all principal officers.

6. INDICATE THE PHARMACIST-IN-CHARGE, MAILING ADDRESS AND LICENSE No.

(Reference Regulations Chapter 61-02-01-10 and 61-02-01-11)

☐ RPh ☐ PharmD

Name _____

Mailing Address _____

License No. _____

Home Phone Number _____

Pharmacy Phone Number _____

Fax Number _____

E-mail Address _____

7. Attach list of the names, addresses and license numbers of pharmacists practicing in the pharmacy or drug store.

8. Attach list of the names, addresses and license numbers of all interns.

9. Attach list of the names, address and registration numbers of all Registered Pharmacy Technicians.

10. Attach list of the name(s) and address of all supportive personnel.

11. Attach List of library references in the pharmacy.

12. TYPE OF COMPOUNDING CONDUCTED AT PHARMACY: circle / mark appropriately

None – NO compounding

Non-Sterile compounding

Sterile compounding

Low Risk

Medium Risk

High Risk

13. I certify under Oath that the pharmacy or drugstore has all the MINIMUM Technical Equipment as indicated in Section 61-02-01-03 of the regulations of the North Dakota State Board of Pharmacy .. General Authority and Law Implemented by NDCC 43-15-34 and 43-15-35.

14. I certify under Oath that the pharmacy or drugstore complies with the SECURITY STANDARDS as indicated in Section 61-02-03-01 of the regulations of the North Dakota State Board of Pharmacy .. General Authority and Law Implemented by NDCC 43-15-10(11).

15. I certify under Oath that the pharmacy or drugstore complies with the SANITARY STANDARDS as indicated in Section 61-02-04-01 of the regulations of the North Dakota State Board of Pharmacy .. General Authority and Law Implemented by NDCC 43-15-10(11) and 43-15-35(3)

16. I certify under Oath that the pharmacy or drugstore complies with all reporting requirements indicated in section 61-12-01-02 and implemented by NDCC 19-03.5.

17. Signed:

Applicant _____

Address _____ City _____ Zip Code _____

**ALL APPLICATIONS MUST BE ACCOMPANIED BY THE APPROPRIATE FEE
RENEWAL APPLICATIONS DUE BY JUNE 1ST**