



8. Attach list of the names and license numbers of all interns.
  9. Attach list of the names and registration numbers of all Technicians.
  10. Attach list of names of all supportive personnel.
  11. Attach List library references in the pharmacy.
  12. **ENCLOSE COPY OF YOUR STATE LICENSE OR PHARMACY PERMIT**
  13. **MUST ENCLOSE A COPY OF THE LATEST INSPECTION REPORT FROM YOUR STATE BOARD OF PHARMACY or Copy of NABP Verified Pharmacy Program [VPP] Report - (AND ANY COMMENTS YOU WISH TO MAKE)**  
<https://www.nodakpharmacy.com/pdfs/61-08inspectionsRule4oosPharmacies.pdf>
- \*\* Date of Last Inspection:** \_\_\_\_\_ [copy enclosed]
14. **TYPE OF COMPOUNDING CONDUCTED AT PHARMACY:** circle / mark appropriately
    - None – NO compounding
    - Non-Sterile compounding
    - Sterile compounding
      - Low Risk
      - Medium Risk
      - High Risk
  15. **Section 61-12-02(1) Each dispenser licensed by a regulatory agency in the state of North Dakota who dispenses a controlled substance to a patient shall submit to the central repository by electronic means information regarding each prescription dispensed for a controlled substance.**
  16. 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.
  17. 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).
  18. 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)
  19. 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.
  20. ***IF NEW*** -This application must be accompanied with a signed and dated affidavit which affirms that the Pharmacist-In-Charge understands North Dakota Pharmacy Laws and Rules and intends to abide by them. This form is also available on our website, [Pharmacist in Charge Legal Affirmation Form](#) print, complete and enclose.
  21. All Out-of-State Pharmacies need to be registered with the North Dakota Secretary of State's Office. Attach copy of Certificate of Authority. [www.nd.gov/sos/businessserv/registrations/index.html](http://www.nd.gov/sos/businessserv/registrations/index.html) or 1-800-352-0867 ext 8-4284

I certify that the applicant has not been convicted under any federal, state, or local laws; nor had any suspension or revocation by federal, state, or local government of any license currently or previously held by the applicant. If any actions have been taken, enclose copies of those actions.

Signed:

APPLICANT: \_\_\_\_\_

**NEW APPLICATIONS MUST BE ACCOMPANIED BY A \$175.00 LEGAL FEE  
 RENEWAL APPLICATION FILED WITH THE BOARD AFTER JUNE 1<sup>ST</sup> 2017 REQUIRES A \$225.00 FEE.**

LAWS/RULES ARE AVAILABLE ON OUR WEBSITE: [www.nodakpharmacy.com](http://www.nodakpharmacy.com) [left hand side]