

APPLICATION FOR PERMIT OR RENEWAL

To Operate an Out-Of-State Pharmacy or Drug Store

Phar _____

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.

THIS APPLICATION MUST BE ACCOMPANIED WITH THE LEGAL FEE OF (\$175.00)

IF DELINQUENT RENEWAL (After June 1st \$50.00 penalty) fee required is \$225.00

PERMIT EFFECTIVE FROM JULY 1, 2025 THROUGH JUNE 30, 2026

**North Dakota State Board of Pharmacy
1838 E Interstate Ave Suite D
Bismarck ND 58503**

**Application MUST BE type-written or
LEGIBLY PRINTED
or it will be returned**

Application is hereby made by _____
Name of Applicant

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

Address: _____

2. Present **ND** Permit # Phar _____ Present DEA Number _____

NCPDP Number _____ ND Secretary of State's Certificate of Authority # _____

ND Secretary of State's Certificate of Authority dba or trade name # _____

3. Give name and address if individual Owner _____

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

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

6. INDICATE THE PHARMACIST-IN-CHARGE And Home State LICENSE No.

Print Name RPh ☐ PharmD ☐ License No. _____
Select one

NABP Pharmacist E profile # _____
Legible Email address _____

Pharmacy Phone Number Fax Number

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

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 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 1ST 2025 REQUIRES A \$225.00 FEE.

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