

Applicant Name: _____

9904/001	Application	\$398
9904/006	Regulatory fee	\$ 10
9904/001	Control Substance	\$ 40
9904/	Law Book	\$ 10



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METRO CENTER
NASHVILLE, TENNESSEE 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

BUSINESS APPLICATION MANUFACTURERS, WHOLESALERS, DISTRIBUTORS

ALL MANUFACTURERS, WHOLESALERS, AND DISTRIBUTORS WHO DISTRIBUTE LEGEND DRUGS MEDICAL DEVICES OR CONTROLLED SUBSTANCES IN TENNESSEE TO AUTHORIZED PRESCRIBERS, PHARMACIES, OR THE DEPARTMENT OF HEALTH MUST BE LICENSED WITH THE BOARD OF PHARMACY. ALL SALES REPRESENTATIVES EMPLOYED BY YOU WHO DISTRIBUTE CONTROLLED SUBSTANCES (SAMPLES INCLUDED) MUST BE LICENSED WITH THE BOARD OF PHARMACY.

A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION WHERE DRUGS ARE BEING MANUFACTURED OR DISTRIBUTED.

A NEW APPLICATION MUST BE COMPLETED AND SUBMITTED TO THE TENNESSEE BOARD OF PHARMACY ALONG WITH AN APPLICATION FEE ANYTIME THERE IS A NAME, LOCATION, OR OWNERSHIP CHANGE.

THIS APPLICATION MUST BE ACCOMPANIED BY AN APPLICATION FEE OF \$408.00; PLUS \$40.00 (IF HANDLING CONTROLLED SUBSTANCES); LAW BOOK \$10.00 (IF YOU DO NOT HAVE ONE).

ALL OUT-OF-STATE APPLICATIONS MUST BE ACCOMPANIED BY THE MOST RECENT INSPECTION SHEET FROM THE STATE IN WHICH THE BUSINESS IS LOCATED AND A COPY OF THAT STATE'S LICENSE.

MAIL COMPLETED APPLICATION WITH APPROPRIATE FEE AND INFORMATION TO:

TENNESSEE DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
TENNESSEE BOARD OF PHARMACY
227 FRENCH LANDING, SUITE 300
NASHVILLE, TN 37243
TELEPHONE #: (615) 741-2718

Affidavit (Must be completed and Notarized)

To be completed by owner or person in charge

Are there any charges involving moral turpitude or violation of pharmacy, or any other laws pending against you? Yes No

(If yes, please explain) _____

I do solemnly swear and affirm that I understand the pharmacy laws of Tennessee, and that the information in this application is true and correct to the best of my knowledge. I further attest that this business will comply with all the provisions of the Tennessee Pharmacy Law and Regulations.

Signature _____

NOTARY PUBLIC: I attest that the above signature(s) of _____

SEAL

sworn to and subscribed to before me this _____ day of _____, 20__

My Commission expires _____

Signature _____

EVERY BUSINESS LICENSED BY THE BOARD OF PHARMACY MUST POSSESS A COPY OF THE BOARD PUBLICATION WHICH CONTAINS: PHARMACY LAW AND REGULATIONS; TENNESSEE DRUG CONTROL ACT; AND TENNESSEE FOOD, DRUG & COSMETIC ACT (APPLICABLE PARTS ONLY).

Do you possess a TN Law Book? Yes No If no, you must send \$10.00 for a copy.

IN-STATE FACILITIES: REQUIRE AN INSPECTION BEFORE ISSUANCE OF LICENSE.

OUT-OF-STATE FACILITIES: REQUIRE THAT A COPY OF THE MOST RECENT INSPECTION BE ENCLOSED WITH THIS APPLICATION AND A COPY OF THE HOME STATE LICENSE.

FOR BOARD USE ONLY:	
FILE # _____	EXACT # _____
LICENSURE DATE _____	LICENSE NUMBER _____
CONTROLLED SUBSTANCES YES <input type="checkbox"/> NO <input type="checkbox"/>	
COMMENTS:	
Law Book Sent <input type="checkbox"/>	