MW104

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
State Board of Pharmacy
www.op.nysed.gov/prof/pharm/

OFFICE USE ONLY

Approved _____

Date _____ / _____ / _____

M-W SUPERVISOR APPLICATION

PART I: GENERAL INFORMATION

1 **APPLICANT NAME** Last

First

Middle

2 **SOCIAL SECURITY NUMBER:**
(Leave this blank if you do not have a U.S. Social Security Number)

3 **BIRTH DATE:** *mo . day yr.*

4 **ADDRESS** Line 1

Line 2

Line 3

City

State Zip Code

Country/ Province

NOTE: The supervisor shall not be at the same time a supervisor of any other establishment registered by the Board of Pharmacy. (Regulations of the Commissioner of Education 63.6(c)(3)).

5 **E-MAIL ADDRESS:** _____

6 **EMPLOYER'S NAME** (as registered with the Board of Pharmacy)

_____

Registration number _____

7 **EMPLOYER'S ADDRESS** Line 1

Line 2

Line 3

City

State Zip Code

Country/ Province

8 **TYPE OF REGISTRATION** (check all that apply)

Type of Registrant

- ☐ Manufacturer
- ☐ Repacker – Drugs
- ☐ Repacker – Medical Gases
- ☐ Wholesaler (Distributor)

Type of Wholesaler

- ☐ Full Line
- ☐ Domestic Broker
- ☐ Specialty
- ☐ Import/export Broker
- ☐ Reverse Distributor

_____

PART II: APPLICANT'S QUALIFICATIONS

Manufacturing and repacking applicants who:

Supervise a manufacturing or repacking operation must meet the following qualifications: may be a pharmacist or chemist holding a bachelor's degree with a major in chemistry AND who has at least two years of experience in the manufacturing, repacking and/or wholesaling of drugs satisfactory to the State Board of Pharmacy. [Regulations of the Commissioner of Education 63.6 (c)(1)].

Supervise establishments which limit their operation to manufacturing or repacking of compressed medical gases may be under the supervision of a person who meets the requirements under Regulations of the Commissioner of Education 63.6.

Supervise a wholesale/distributor operation must have a minimum of two full years of education beyond high school and have at least two years of experience in manufacturing, repacking and/or wholesaling of drugs satisfactory to the State Board of Pharmacy [Regulations of the Commissioner of Education 63.6 (c)(2)].

EDUCATION

1. I affirm that I graduated from the following HIGH SCHOOL in the year indicated.

   Name: _____

   City: _____ Year: _____

2. Graduate of a COLLEGE

   Name: _____ Address: _____

   Years attended: _____ Degree: _____

   NOTE: attach a copy of transcript or diploma.

3. IF NOT A COLLEGE GRADUATE but attended college, indicate the following:

   Name: _____ Address: _____

   Years attended: _____ Number of SEMESTER hours completed: _____

   List your major and minor: MAJOR: _____ MINOR: _____

   NOTE: attach a copy of diploma or transcript from college or university.

4. Check all degrees attained

   ☐ A.A.S. ☐ B.S. ☐ B.A. ☐ M.A.

   ☐ M.S. ☐ Pharm. D. ☐ Ph.D.

   ☐ Other _____

5. If a licensed professional, complete the following:

   Profession: _____ License number: _____ State: _____

6. List any specialized courses you have taken which would expand your TECHNICAL knowledge as a supervisor.

   _____

   _____

   _____

PART III: EXPERIENCE

Complete the following for the last TEN YEARS or ATTACH a RESUME or CURRICULUM VITAE to this application. Use additional paper if necessary.

Employer- Name & Address	Dates employed	Title	List your duties in detail

PART IV: MORAL CHARACTER

(a) Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? ☐ YES ☐ NO

(b) Are criminal charges pending against you in any court? ☐ YES ☐ NO

(c) Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☐ YES ☐ NO

(d) Are charges pending against you in any jurisdiction for any sort of professional misconduct? ☐ YES ☐ NO

(e) Have you ever willfully failed to provide records to any State Licensing authority or to Federal, State or Local law enforcement officials that are required by Federal, State or Local laws? ☐ YES ☐ NO

If yes, please explain _____

_____

_____

(f) Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures ? ☐ YES ☐ NO

NOTE: If you answer "Yes" to any questions (a) through (f), submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

Under Title 21 Code of Federal Regulations Part 205.6: The State licensing authority shall have the right to deny a license to any applicant if it determines that the granting of such license would not be in the public interest.

PART V

1. Attach a photograph of yourself which has been taken in the last six months

SECURELY ATTACH PHOTOGRAPH TAKEN IN PAST 6 MONTHS

2. Have you ever been approved by the New York State Board of Pharmacy to act as a supervisor? If so indicate the name and address of the firm you were employed by:

_____

_____

_____

PART VI: ATTESTATION OF SUPERVISOR

I affirm that all information submitted on the application to the Board of Pharmacy is true. I am familiar with the laws, rules and regulations which govern the distribution of drugs and/or devices in New York State and with Title 21 Code of Federal Regulations Part 205. I further understand that manufacturers, repackers and wholesalers may only sell drugs and/or devices to those purchasers authorized by law to receive them, and that records of the receipt and disposition of all drugs and/or devices shall be maintained for a period of five years and shall be available to the Department or any other authorized State or Federal agency for a period of not less than five years.

Applicant signature _____

Date signed _____ / _____ / _____

Return Directly to: New York State Education Department, Office of the Professions, New York State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234-1000

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234

New York State Board of Pharmacy
Tel. (518) 474-3817ext130 Fax (518) 473-6995 E-mail: pharmbd@nysed.gov

CHANGE OF SUPERVISOR IN CHARGE MANUFACTURER--REPACKER--WHOLESALER

Name of Registered Establishment: _____

Address of Establishment: _____

Registration Number: _____ Telephone Number: _____

APPLICANT'S AFFIDAVIT

I, _____ do hereby certify that I replaced
Print Name

_____ as supervisor of the above named establishment on

_____; and that I am employed for _____ hours per week at the above
month/day/year

location.

I further certify that I have full knowledge of my professional responsibilities and I have reviewed:

1. "Responsibilities of a Supervisor" issued by the Board of Pharmacy
2. Title 21, Code of Federal Regulations
3. For Syringes & Needles--Public Health Rules & Regulations on Controlled Substances--Part 80.131.80.134
4. Compressed Medical Gas repacker--Federal Regulations regarding gases
5. Regulations pertaining to specialized activities.

I ☐ am / ☐ am not (check one) a licensed professional in New York State. If licensed, indicate:

Professional license number: _____ Profession: _____

Current registration expires on: _____

_____
Corporate Officer's signature and date (Indicate title)

_____
Print Name

_____
E-mail Address

_____ _____
Supervisor's signature Date

Return Directly to: The New York State Education Department, Office of the Professions, New York State Board of Pharmacy, 89 Washington Avenue, Albany, NY 12234