



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

New York State Board of Pharmacy  
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## INSTRUCTIONS FOR PRELIMINARY REGISTRATION OF AN OUTSOURCING FACILITY

NAME TO REGISTER: \_\_\_\_\_

**PLEASE USE THIS FORM AS A CHECK OFF LIST TO INDICATE WHAT IS ENCLOSED. MAKE A COPY AND RETURN THIS LIST WITH THE APPLICATION.**

1. \_\_\_\_\_ Completed "Application for Initial Registration or Transfer of Ownership of Outsourcing Facility" Form (OF-100)
2. \_\_\_\_\_ Completed "Outsourcing Facility Information Form" (OF 111)
3. \_\_\_\_\_ Complete Diagram on OF 111, indicate total registered area (highlight registered area if not the whole building). Indicate surrounding businesses on this diagram.
4. \_\_\_\_\_ Check for \$825.
5. \_\_\_\_\_ The Certificate of Incorporation (corporation) or Articles of Organization. (LLC) or Partnership Agreement stating the name and purpose of the corporation/LLC/partnership. **THIS IS THE NAME YOU MUST REGISTER. PLEASE IDENTIFY YOUR ESTABLISHMENT BY THIS NAME WHENEVER YOU CORRESPOND WITH THIS OFFICE.**
6. \_\_\_\_\_ Filing Receipt from Secretary of State for Certificate of Incorporation or Articles of Organization.
7. \_\_\_\_\_ Documentation/ Minutes indicating the officers or partners. (please highlight this area of the document or minutes)
8. \_\_\_\_\_ Documentation/ Minutes indicating the stock distribution, number of shares must be shown for principal owners of more than 10% of stock. (please highlight this area of the minutes)
9. \_\_\_\_\_ Copies of signed and dated issued share certificates.
10. \_\_\_\_\_ Photo ID's: copy of Driver's License or Passport of owners/officers/partners
11. \_\_\_\_\_ Certificate of Assumed Name.
12. \_\_\_\_\_ Filing Receipt for Assumed Name
13. \_\_\_\_\_ Certificate of Occupancy
14. \_\_\_\_\_ Photos of all outside signs on the registered establishment
15. \_\_\_\_\_ Photo of the **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP ON THE EXTERIOR.**
16. \_\_\_\_\_ Deed or Lease **TO THE REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP**  
**DEED, LEASE OR ASSIGNMENT OF LEASE MUST BE TO THE REGISTERED ESTABLISHMENT**
17. \_\_\_\_\_ IF A LEASE IS TO A PARENT COMPANY OR PREVIOUS OWNER Assignment of lease for the premises where applicable to the **NAME OF THE CORPORATION YOU ARE REGISTERING**
18. \_\_\_\_\_ Final product label with **REGISTERED NAME OF THE CORPORATION, LLC OR PARTNERSHIP**
19. \_\_\_\_\_ Verification that the establishment is properly registered with the Food and Drug Administration (FDA)
20. \_\_\_\_\_ Copy of FDA inspection
21. \_\_\_\_\_ List of products to be compounded at the facility. Provide notation for products on FDA's drug shortage list or products prepared from bulk drug substances

### TRANSFER OF OWNERSHIP:

22. \_\_\_\_\_ Bill of Sale (required before the registration can be issued)
23. \_\_\_\_\_ Merger requires legal papers indicating the merger
24. \_\_\_\_\_ Transfer of ownership to an estate requires a letter of testamentary or letter of administration from the Surrogate's Court.

### OUT OF STATE BUSINESS:

25. \_\_\_\_\_ Filing receipt for authority to do business in New York State.
26. \_\_\_\_\_ Filing receipt to do business in the state of origination.

**AFTER YOUR APPLICATION IS REVIEWED BY THIS OFFICE, YOU WILL BE MAILED A LETTER WITH INSTRUCTIONS TO CALL THE OFFICE OF PROFESSIONAL DISCIPLINE TO SCHEDULE AN APPOINTMENT FOR AN INSPECTION OF YOUR ESTABLISHMENT. EVERY ESTABLISHMENT MUST BE INSPECTED.**